**FAMILY HUBS SMALL GRANTS SCHEME MARCH 2024**

**APPLICATION FORM**

**Introduction and Can I Apply**

**Please read the application guidance before you continue. This will help you to complete all sections of this application form correctly. We have given a word limit for some of the questions in this form. We will only look at the information you give us within this word limit.**

**Applications can be made for funding of microgrants of a few hundred pounds, and small grants of up to £10,000. The funding will be awarded to the successful applicants for each area. Applications are also welcomed from groups working together in partnership with one organisation acting as the lead, accountable organisation.**

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| **Can I apply?** |

**We can only accept applications from VCSF organisations that are based in Wolverhampton.**

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| **1.1 - What type of organisation are you?**  ***(tick all that apply)*** | **Tick all that apply** | **Insert organisation / registration number** |
| **Unincorporated Association** |  |  |
| **Company Limited by Guarantee** |  |  |
| **Registered Charity** |  |  |
| **Charitable Incorporated Organisation** |  |  |
| **Community Interest Company** |  |  |
| **Community Benefit Society** |  |  |
| **Other (please specify)** |  |  |
| **None – we’re not constituted** |  |  |

**As part of the process only successful applicants will be required to provide all the documents highlighted below. Please use the checklist to make sure that you have the documents highlighted.**

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| **a Safeguarding policy** |  |
| **an Equal Opportunities policy/statement** |  |
| **a Health and Safety policy** |  |
| **Certificate of Insurance (EL & PL must have minimum indemnity of £5m)** |  |
| **Section 1: About you** | | |

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| **1.1 Details of you and your organisation** | | | |
| **Name of organisation** | |  | |
| **Address of organisation including postcode** | |  | |
| **Organisation’s website and / or social media addresses (if applicable)** | |  | |
| **Main contact person** | **Name** |  | |
| **Role** |  | |
| **Contact address (if different to organisation address)** |  | |
| **Telephone number** |  | |
| **Email address** |  | |
| **Second contact person** | **Name** |  | |
| **Role** |  | |
| **Contact address (if different to organisation address)** |  | |
|  | **Telephone number** |  | |
|  | **Email address** |  | |
| **Please supply any relevant registration or reference numbers e.g. Ofsted (if applicable)** | | **Type of registration** | **Reference/Number** |
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| **Date your organisation was established** | |  | |

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| **Section 2: About your application** |

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| **Name of Activity / Service** |  |
| **Type of Grant Applying For** | **- Microgrant £100 - £1000**  **- Small Grant £1000 - £10,000** |

**2.1 Service Specification: Please outline the activities / service/, support service that would contribute to and/or increase the uptake of services which could include: strengthening parent and child relationships, increasing/improving the offer of parenting support or meeting the wider family hub criteria**

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| **For bids that propose the delivery of services that look to strengthen parent and child relationships or offer parenting, which outcomes are you working to achieve?** | **CLICK on boxes next to outcomes relevant to your application** |
| Improvements in parent / carer’s relationship with their child |  |
| Improvements in parent / carer’s emotional wellbeing |  |
| Improved engagement with other services |  |
| Increased parent / carer involvement in their child’s development |  |
| Increased parent / carer self-confidence |  |
| Improved parent / carer understanding of their child’s needs |  |

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| **For bids that support community engagement which will lead to an increase in engagement and take up of services across the Family Hub sites** | **CLICK on boxes next to outcomes relevant to your application** |
| Communities that have yet to engage |  |
| Parents and Carers with additional vulnerabilities who are at risk of poorer outcomes. |  |
| Fathers and Co parents |  |
| Families with children who have Special Educational Needs or Disabilities |  |
| Communities experiencing racial inequalities, deprivation, isolation. |  |

| **Describe the activities services and support you wish to provide (add more rows if you need them)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **What are you delivering** e.g. stay and play, mentoring, parent support, dad’s group etc | **No. of hours per week** (no. of sessions per week and duration of sessions if appropriate) | **Start date** | **End date** | **Description of the activity / service / provision** | **No. of families benefitt-ing from this activity** | **Cost** |
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**TOTAL AMOUNT APPLIED FOR = £**

**No. of families benefitting overall =**

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| **2.2 How would you work with diverse communities and communities who have yet to engage and/or are at risk of poorer outcomes.** |
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| **2.3 Please confirm that the organisation has safeguarding policies and procedures in place and children and adults are adequately safeguarded.** | |
| **Policy** | **Yes  No** |
| **Procedures** | **Yes  No** |
| **Designated Safeguarding Lead** | **Yes  No** |

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| **2.4 Hub Location** | |
| **Which areas will your beneficiaries come from?** | **CLICK on boxes next to areas relevant to your application** |
| **Eastfield** |  |
| **Rocket Pool** |  |
| **Graiseley** |  |
| **Bingley** |  |
| **Whitmore Reans** |  |
| **Dove** |  |
| **Low Hill** |  |
| **Children’s Village** |  |

**3.0 Declarations**

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| **3.1 Declare any interests of employees or board/management committee members that may be relevant to your application.** |
| ***Provide the name, position in your organisation and details of anyone who is a Wolverhampton councillor, a relative of a Wolverhampton councillor and anyone who is an employee of Wolverhampton City Council or related to an employee of Wolverhampton City Council.*** |
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**3.2 Declaration**

**I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application.**

**I understand that I must notify Wolverhampton City Council of any significant changes to the application and that misleading information can invalidate this application.**

**Wolverhampton City Council is listed as a public authority under the Freedom of Information Act 2000. By law, we may have to provide your application documents and information about our assessment to any member of the public who asks for them under the Freedom of Information Act 2000.**

**This application form contains information that is personal data for the purposes of the Data Protection Act 1998. The personal data that you have provided will be used by the Council for the purpose of processing your application and will not be disclosed to any other organisation for any other purpose other than in relation to cases of suspected fraud or where there is a statutory requirement for disclosure.**

**Signatory**

**The main contact named above.**

**I understand you may contact me during assessment, and I confirm I am authorised by the organisation for this purpose and that you may rely on any further information supplied by me.**

**Name**

**Position**

**Signature**

**Date**

**Final Checklist**

**Before sending us this form please check**

|  |  |
| --- | --- |
| **You have answered every question.** |  |
| **You have signed and dated the form.** |  |
| **You have included any documentation requested.** |  |

**If you do not understand anything in the application form, or in the guidance then you can contact** [**denise.williams@wolverhampton.gov.uk**](mailto:denise.williams@wolverhampton.gov.uk)

**Or**

[**stephen.dodd@wvca.org.uk**](mailto:stephen.dodd@wvca.org.uk)

**If organisations are having trouble submitting applications, please contact us as soon as possible.**

**Please note that Wolverhampton City Council or WVCA cannot help you complete your application form or offer advice on the likelihood of your application being funded.**

**Please ensure you receive confirmation by email or in writing that your form has been received.**

**This form must be submitted before 12.04.2024 – we will not consider applications submitted after this deadline.**

**Applications to be returned to:** [**familyhubprogramme@wolverhampton.gov.uk**](mailto:familyhubprogramme@wolverhampton.gov.uk)

**We expect to decide and notify applicants on or before the xxxxxxxxxxxx**