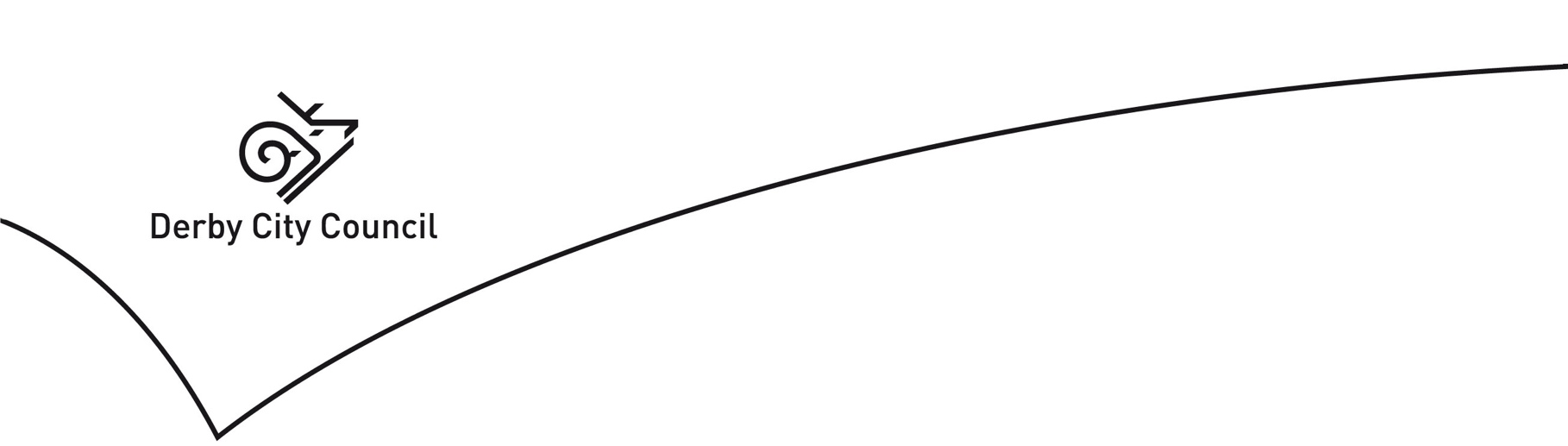
****

**Resource Recovery Solutions (Derbyshire) Ltd**

**Community Grant Funding**

**Agreement to grant conditions 2019/20**

Before signing this application form, it is important that you have read and understand the following terms and conditions. By signing this application, you are agreeing to the terms and conditions listed below. If your application is successful, you will be awarded funding based on this agreement. In the offer letter, there may be additional grant conditions which the Neighbourhood Board identifies. These will be specific to your project and will form part of the agreement.

We (the applicant) understand and agree to the following:

1. We will use the grant only for the purposes set out in the project application. We will

not make any changes to the project, or how the grant is to be spent, without the prior

agreement of the Neighbourhood Board.

1. We will not sell or dispose of any equipment, or other assets purchased with the grant, without the prior knowledge and written consent of Derby City Council.
2. We will make sure that the project is value for money and will keep a record of all quotations and estimates.
3. We will comply with any relevant legislation affecting the way we run our project.
4. We will make sure that our organisation keeps the young people and/or vulnerable adults involved in our project safe by:

* having our own safeguarding policies in place that are appropriate to our work and this project
* reviewing these policies at least every two years
* ensuring that any volunteers involved in regulated activities with children and young people h had the appropriate level of DBS (Disclosure and Barring Service) check. For more information on this, please visit: <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>
* the premises in which the service is to be provided are fit for children and young people and vulnerable adults including ensuring user’s safety when using computers and the internet
* provide child protection and health and safety training and guidance for staff and volunteers
* carrying out risk assessments if appropriate
* complying with all requirements for registration under the 1989 Children’s Act and any subsequent amendments.

For current guidance on safeguarding, legislation and resources see[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk/)

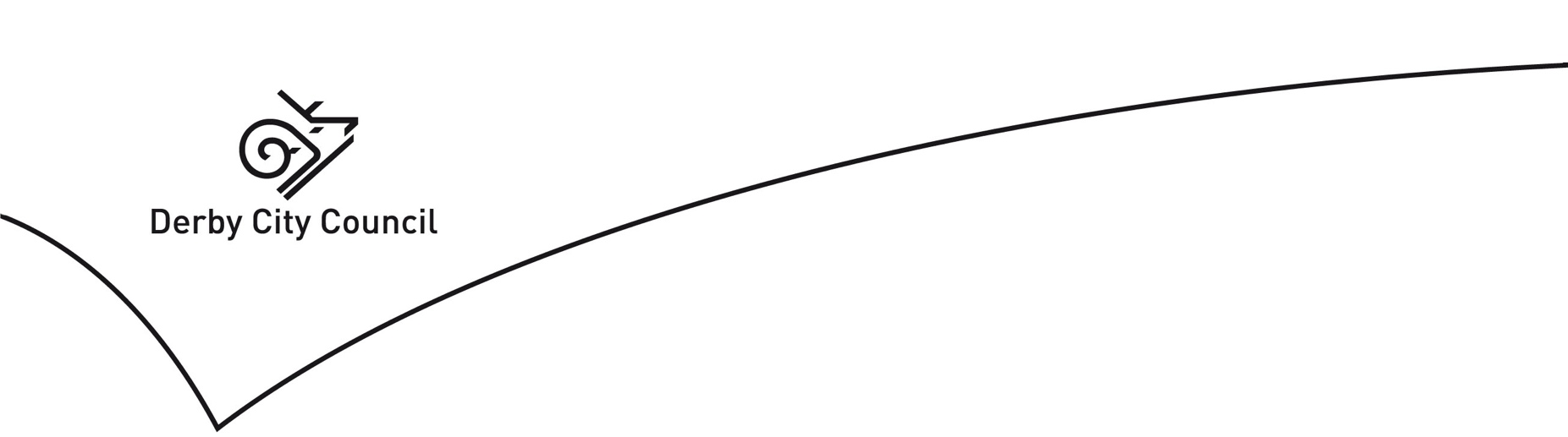
1. We will make sure that we maintain adequate insurance to cover all of our activities at all times.
2. We understand that we are responsible for obtaining all necessary planning and statutory consents associated with this project.

9. We will provide two written quotations for any capital expenditure above £1000.

10. We understand that we must spend the grant by the date we have specified in our application. We understand that if the grant is not spent within the time frame, the funding may be withdrawn.

1. We understand that if we do not spend the whole of the grant, we will return the unspent amount to Derby City Council within two months of project completion.
2. We will keep all financial records and accounts, including receipts, to show how the grant was spent.
3. We will provide copies of all invoices for all project activity paid for by the grant, to Derby City Council. We will provide these within two months of project completion.
4. We will keep records of all beneficiaries of the grant, including age group and ethnicity and put procedures in place to monitor how successful we have been in achieving the outcomes detailed in this application form.
5. We agree that any asset bought with the grant will not be used for illegal activities, political campaigning or anything contrary to Council policy.
6. We will complete an End of Grant Monitoring form at the end of the project and return it to Community Safety and Integration Department within 28 days of project completion.
7. We will make sure that any publicity acknowledges the financial assistance provided by the relevant Neighbourhood Board and Resource Recovery Solutions.
8. We agree Derby City Council will have the right to withhold or request repayment of the grant or any part of it at its discretion if we breach this agreement.
9. We agree these terms and conditions will prevail and remain in force until the grant is spent and Derby City Council has received copy invoices in relation to the project.
10. We agree that Derby City Council and Resource Recovery Solutions can use the name of our organisation and our project in its own publicity materials. We will inform Derby City Council of any situation where confidentiality is a particular issue.
11. We certify that the information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by the organisation. If this application is successful, in full or in part, the organisation will keep to these terms and conditions.

**cid:248593D247F7684187BCBACBF8BA9653@derby.gov.ukWe will treat all information you provide in confidence, in accordance with the General Data Protection Regulations 2018. Your personal details will only be used for the purposes of deciding on Neighbourhood Board membership, producing Board member profiles which may be on our website, for the dissemination of information in relation to the administration of Neighbourhood Boards and Forums. We will also send you information about events, activities and consultations in or affecting your neighbourhood. To view information about how your personal information will be used, please visit** [**www.derby.gov.uk/privacy-notice**](http://www.derby.gov.uk/privacy-notice) **where you can see a full copy of our Privacy Notice.  Alternatively you can request a hard copy from neighbourhoods:** [**neighbourhoods@derby.gov.uk**](mailto:neighbourhoods@derby.gov.uk) **or call 01332 642320.**



**Resource Recovery Solutions (Derbyshire) Ltd**

**Community Grant Funding**

**Please read these guidance notes before completing each question in the application The process for making an application**

* The applicant completes and submits an application form to the Neighbourhood Manager.
* The application form is presented to the Neighbourhood Board for a decision.
* The applicant is informed of the Board’s decision. **There may be conditions attached to the approval of funding.**

**Q1. Which neighbourhood are you applying to?**

The community grant funding is available in 2 wards; Normanton and Sinfin. All applications for funding must demonstrate that they will benefit the residents of that neighbourhood and contribute to one or more of the neighbourhood priorities. Please state which of the two wards you are applying for

**Q2. Name of your organisation or group**

Please give us the name of your organisation or group, as written on your constitution, rules or terms of reference.

**Q3. Name of contact person**

Tell us the name of the main contact person. This will be the person who we can speak to in more detail about your application. It needs to be somebody who has been involved in developing the project and is usually the person completing the application form.

**Q4. Their position in the organisation**

Tell us the role or position of the contact person identified in Q3.

**Q5. Contact details including address, postcode, email and telephone number**

Tell us the address, including the postcode and contact details of the contact person identified in Q3.

**Q6. Contact details of your Management Committee / Governing Body**

Provide the name, contact details and address of the organisation’s Treasurer, Chair and Secretary or Directors. We may contact members of your committee if funding is awarded.

**Q7. Type of organisation** Complete the relevant box for your organisation;

* If your organisation is registered with the Charity Commission, please give us your charity registration number
* Voluntary and community sector are organisations that are set up for charitable, social, community or environmental benefit, rather than for profit and are independent of statutory agencies. You are an unregistered voluntary or community group if you have a constitution, set of rules or terms of reference, but you are not registered with the Charity Commission*.*
* If you are a school.
* Statutory sector is a term for public bodies, such as Local Authorities and Clinical Commissioning Groups, Fire Service or the Police that have legal duties.
* If you do not have a constitution or terms of reference and no management committee, then your application is from an individual. ***If you are a councillor submitting an application, or playing a significant part in helping a community group submit an application, you should regard yourself as having a personal and prejudicial interest under the Members’ Code of Conduct*.**

**Q8. Briefly describe the purpose of your organisation**

Provide us with brief details on the types of services or activities that your organisation currently provides.

**Q9. What other funding has your organisation received in the past 24 months. Please include any Neighbourhood Budget funding.** Please tell us about any other funding that your organisation has received during the past 24 months. We want to know when you received it, how much you got, where it was from and what it was for.

**Q10. Safeguarding**

**Does your organisation have the appropriate safeguarding policies and procedures in place to protect young people?**

Do these meet the minimum requirements we would expect you to have? If not, explain to uswhat procedures you will follow to ensure safeguarding of children, young people and vulnerable adults. Things we expect you to have in place are as follows:

* **Have all people in your organisation in regulated activities with children and young people and/or vulnerable adults had safeguarding training?** We expect that groups we provide funding to have up to date safeguarding training which is refreshed on a regular basis. If yes, please provide details of who provided the training along with the date and year it was done. Also explain how you safeguard children, young people and/or vulnerable adults through your services. If your answer to this question is no, please explain why not and what procedures you will follow. **Please see link to the local safeguarding children’s board for safeguarding training** <https://www.derbyscb.org.uk/training/>
* **Have all volunteers involved in regulated activities with children and young people or vulnerable adults had the appropriate level of DBS (Disclosure and Barring Service) check.** For more information on DBS checks please visit:

<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

If the answer is no, please explain why not and what procedures you will follow.

**Please note we may request a copy of your Safeguarding Children and Vulnerable Adult Policies.**

**Q11. Does your organisation have an Equal Opportunities policy and procedure?**

The Neighbourhood Board needs to make sure that all organisations have fair access to grants, and we need to know who is benefiting from the grants we give. The Boards also want the organisations that receive funds to be committed to equal opportunities. Tell us if your organisation has an Equal Opportunities Policy and Procedure. If your answer to this question is yes, tell us how you are committed to equslities throughout your organisation and services. If it is no, please explain what procedure you will follow to ensure equality through the delivery of your project.

**Please note we may request a copy of your Equal Opportunities Policy.**

**Q12. Describe your project**

Describe the activity that your project will deliver or what the grant funding will purchase. Explain who will deliver the activity and where it will be delivered.

Priority will be given to applications that:

* Contribute to the delivery of one or more of the neighbourhood priorities
* Show evidence of match funding or self help
* Directly benefit people living in the neighbourhood
* Can show that the project and/or activity has been developed and designed by local people
* Are from groups which have not yet been funded in the current financial year (1 April to 31 March)
* Are under £1000

*Please note that the funding* ***cannot*** *pay for:*

* Replacing, enhancing or subsidising any council service (e.g. provision of extra bins or skips, or the cost of one off ‘clean-ups’)
* Ongoing staff salaries but it can pay for the cost of sessional workers to deliver this project
* Educational activities - these are already covered by other funding initiatives
* Not purchasing an asset the provision of which is the responsibility of the Council or another statutory body (e.g. environmental monitoring or surveillance equipment)
* Not primarily religious or political in nature.
* Any illegal activities or political campaigning

**Q13. How do you know if there is a need for your project or activity?**

Tell us how you know this project is needed, how you know that the community want this project and what evidence have you collected to support this.

**Q14. List the Neighbourhood priorities your project will support and how will it do this.** Please explain how your project or service will help to achieve the agreed Neighbourhood Board priorities. Your project must contribute to at least one Neighbourhood priority – **improving the local environment, supporting children and young people and supporting vulnerable adults**.

**Q15. Tell us when your project will be completed.**

Tell us the expected date of your planned activity or when you expect to have purchased any items identified in your application.

**Q16. Please tell us how much your activity will cost in total and give us a breakdown of the costs.** Give us a breakdown of each activity or item to be purchased and its cost. Tell us how much funding you are asking the Board for. If you are not asking for 100% of funding for this project, please explain where you will get the remaining funding from, how much this is and whether this has been confirmed. Then give us the total cost of your project.

**Q17. Beneficiaries**

* Tell us how many people will benefit from the project? Be as accurate as you can.
* Tell us out of the people that will benefit from the project, how many live within the Board boundary. *Please note only projects serving people living on the Ward covered by the Neighbourhood Board that you are applying to will be considered.*
* Tell us what their age group is. Please list one or more of the following options:

|  |  |  |  |
| --- | --- | --- | --- |
| All ages | Children aged 8 to 12 | Young people aged 18 to 25 | Adults aged 60 or over |
| Children under 8 years old | Young people aged 13 to 17 | Adults aged 26 to 59 |  |

* What is their ethnicity?Please say one or more of the following options:

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** | **Dual Heritage** | **Black or Black British** | **White** |
| Bangladeshi | White and Asian | African | British |
| Indian | White and Black African | Caribbean | Irish |
| Pakistani | White and Black Caribbean | Other Black Background | Other background |
| Other Asian background | Other background |  |  |

* Are they mainly male, female or both? Please say which.

**Q18. Do you plan to continue with your project once any funding has ended? If so, please tell us how you plan to do this.**

Tell us how your project will continue, once the grant funding has ended.

Q19. Bank Account information

Please give us details of the bank account into which you would like us to pay a grant, if approved. The bank or building society account must be in the name of your organisation and must have at least two people to sign each cheque or withdrawal. These two people should not be related.

Complete all of the details requested in this section and make sure it is signed and dated. We will not be able to process payments without this information and signature.

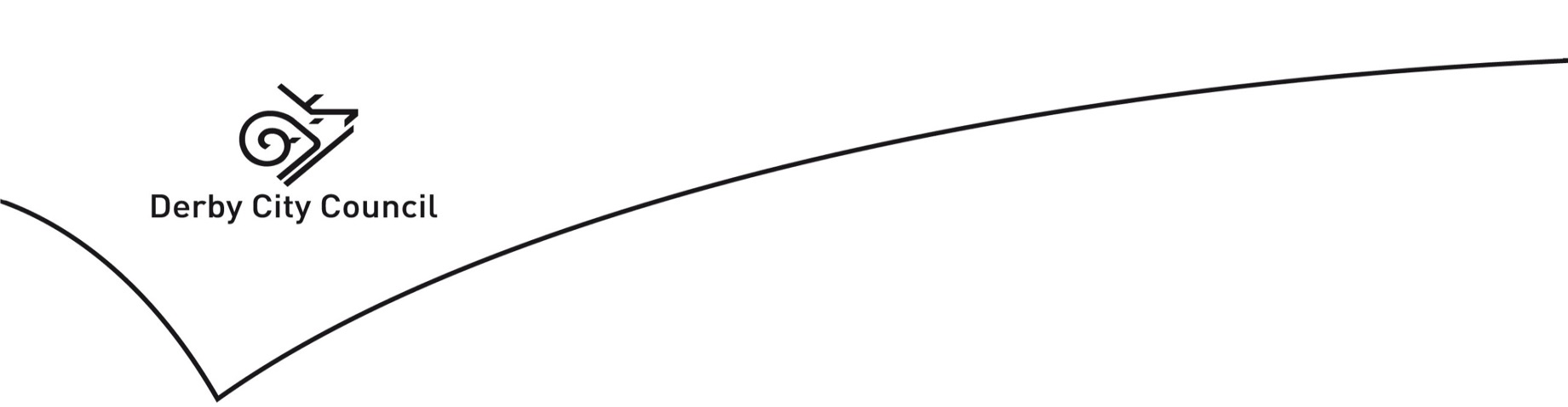
**Q20. Signature and Agreement to grant terms and conditions**

The application should be signed by the main contact named in Question 3.

If you require further information or would like to talk through your application, please contact your Neighbourhood Manager.

Neighbourhood Managers contact details as at April 2018:

|  |  |  |
| --- | --- | --- |
| **Manager and Ward** | **Telephone** | **Email** |
| **Sarah Dosunmu –** Normanton | 01332 643041 / 07812 300160 | [sarah.dosunmu@derby.gov.uk](mailto:sarah.dosunmu@derby.gov.uk) |
| **Sharon Sewell –** Sinfin | 01332 643042 / 07812 300154 | [Sharon.sewell@derby.gov.uk](mailto:Sharon.sewell@derby.gov.uk) |

u should check that the application form is completed fully and correctly.

You must read, understand and agree the grant terms and conditions before you sign the application form.

**Resource Recovery Solutions (Derbyshire) Ltd**

**Community Grant Funding**

**Please read the guidance notes before completing this application form.**

**Q1 Which Neighbourhood Board are you applying to for grant funding?**

|  |
| --- |
|  |

**Q2 Name of your organisation or group:**

|  |
| --- |
|  |

**Q3 Name of contact person:**

**Title First name Last name**

**Q4 Position of the contact person within the organisation:**

|  |
| --- |
|  |

**Q5 Contact details including address, postcode, email and telephone number:**

|  |
| --- |
| **Address:**  **Postcode:**  **Email address:**  **Telephone number and mobile number if you have one:** |

**Q6 Contact details of your Management Committee:**

We may contact members of your committee if funding is awarded

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact details; telephone number and email address** | **Address, including postcode** |
| **Treasurer** |  |  |  |
| **Chair** |  |  |  |
| **Secretary** |  |  |  |

**Q7 Type of organisation.** Please complete the relevant box.

|  |  |
| --- | --- |
| **Registered charity** Please give the registration number |  |
| **Community or Voluntary Group** |  |
| **School** |  |
| **Other statutory body** |  |
| **Individual or private company** |  |

**Q8 Briefly describe the purpose of your organisation.**

|  |
| --- |
|  |

**Q9 What other funding has your organisation received in the past 12 months.**

Please include any other Neighbourhood budget funding & add additional rows if required:

|  |  |  |
| --- | --- | --- |
| **Name of Board or funding body** | **Amount received** | **Purpose** |
|  | £ |  |
|  | £ |  |

**Q10 Safeguarding:**

Does your organisation have the appropriate safeguarding policies and procedures in place to protect young people and vulnerable adults and do these meet the minimum requirements we would expect you to have? Please answer YES / NO

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| --- |
|  |

Have all people with access to children, young people and vulnerable adults had

Safeguarding training? Please answer YES / NO

|  |
| --- |
|  |

If your answer is yes, please give the details of who provided this training:

|  |
| --- |
|  |

If your answer is yes, please provide the date and year when your staff / volunteers last had safeguarding training

|  |
| --- |
|  |

If your answer is yes, please explain how safeguarding is brought to life through your organisation and services to keep children, young people and/or vulnerable adults safe.

|  |
| --- |
|  |

If your answer is No, please explain why not and what procedures you follow to keep children and young people and/or vulnerable adults safe when using your services?

|  |
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|  |

Have all volunteers involved in regulated activities with children and young people and/or vulnerable adults had the appropriate level of DBS (Disclosure and Barring Service) check. Please answer YES / NO

|  |
| --- |
|  |

If your answer is No, please explain why

|  |
| --- |
|  |

**Q11 Equal Opportunities policy and procedures**

**Does your organisation have an equal opportunities policy and procedure? Please answer YES / NO**

|  |
| --- |
|  |

**If your answer is yes, please explain how you are committed to equalities in your organisation and services**

|  |
| --- |
|  |

**If your answer is no, please explain how you ensure equality through the delivery of your project**

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|  |

Q12 Describe your project – explain what you want to do overall, who will deliver it and where it will be delivered

|  |
| --- |
|  |

Q13 How do you know there is a need for your project or activity? Include details of any research or consultation you have carried out.

|  |
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|  |

**Q14 List which Neighbourhood priorities your project will support and how it will do this.**

The project must contribute to at least one of the neighbourhood’s priorities as agreed by the Neighbourhood Board. The priorities for this year are:

1. Improving the local environment
2. supporting children and young people
3. supporting vulnerable adults.

|  |
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Q15 Tell us the date when your project will be completed. If you are purchasing items,

tell us when this is likely to be.

|  |
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|  |

Q16 Project Costs

Tell us how much this specific project will cost in total and give us a breakdown of the

**activity and costs.** Tell us how much community Grant funding you are requesting and

show any other funding or resources you are using to pay for the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Activity or item** | 1. **Cost** | 1. **Amount of Neighbourhood Budget requested £** | 1. **Funds from other sources £** | 1. **Total Project Cost £** |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| **Totals** | **£** | **£** | **£** | **£** |

Funds from other sources for this specific project Please ensure the below total matches the total funds from other sources in column d above.

|  |  |
| --- | --- |
| Where the funding is from | Amount £ |
|  |  |
|  |  |
|  |  |

Q17 Beneficiaries.

|  |  |
| --- | --- |
| **How many people will benefit from your project?** |  |
| **How many people that will benefit, live within the Board ward boundary.** |  |
| **What is their age group?** |  |
| What is their ethnicity? |  |
| Are they mainly male, female or both? |  |

Q18. Do you plan to continue with your project once any funding has ended? If so,

tell us how you plan to do this. If it is a one off project, explain how the benefits will be sustained for the participants.

|  |
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|  |

Q19. Please give us details of the bank account into which you would like us to pay a grant.

The bank or building society account must be in the name of your organisation and must have at least two people to sign each cheque or withdrawal. These two people should not be related.

You should complete and sign this section of you would like payments to be made into your organisation’s bank account.

|  |  |  |  |
| --- | --- | --- | --- |
| Cmcmyk |  | **Contact**  **Telephone** | Emma Ridgeway  01332 643185 |
| BACS – Bankers Automated Clearing System  *The convenient way to receive payments* | | | |

# WHAT ARE THE BENEFITS OF BACS?

Instead of posting you a cheque we would make a payment directly into your bank account. The advantages of BACS are that:

* It removes the possibility of any cheque being lost, stolen or delayed in the post
* You are saved the time and inconvenience of paying cheques into your bank
* You will have faster access to the funds

Your detailed remittance advice can be sent by post or by e-mail. If you would like to receive your remittance advice by e-mail, please fill in your e-mail address in the details below.

# Organisation or group NAME

|  |
| --- |
|  |

**ORGANISATION OR GROUP ADDRESS**

|  |
| --- |
|  |

**POSTCODE**

|  |
| --- |
|  |

## SUPPLIER

**REFERENCE NUMBER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**BANK SORT CODE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**BANK ACCOUNT NUMBER.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**BANK NAME**

|  |
| --- |
|  |

**BRANCH**

|  |
| --- |
|  |

**IF BUILDING SOCIETY – ROLL NUMBER**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

**E-MAIL ADDRESS**

|  |
| --- |
|  |

**TELEPHONE NO**

|  |
| --- |
|  |

**NAME OF PERSON PROVIDING DETAILS**

|  |
| --- |
|  |

**SIGNATURE**

|  |
| --- |
|  |

**DATE**

|  |
| --- |
|  |

**Before you sign the application form, please check that you have completed all the questions and have read and understood the terms and conditions. We must have original signatures even if the application form is scanned and emailed to us.**

## This application should be signed by the main contact named in question three.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position in organisation** |  |
| **Signed must be original signature** |  | **Date** |  |

#### Please send your completed application forms to:

Neighbourhood Manager, Communities and Place Directorate

Derby City Council, 2nd Floor, Council House, Corporation Street, Derby, DE1 2FS or email: [neighbourhoods@derby.gov.uk](mailto:neighbourhoods@derby.gov.uk)