**GWENT REGIONAL PARTNERSHIP BOARD**

**RIF CVC Small Grant Fund**

**PART 2 - Project Application 2024-25**

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

Please ensure all Sections of this form are completed and all relevant documentation enclosed.

**Incomplete Application forms will not be accepted.**

Applications should be received by the closing date of **24th May 2024** by **email only** to funding@tvawales.org.uk but must have typed or scanned original signatures.

If you feel that any of the questions are not applicable, please explain why. Further copies of this Application Pack are available viacontacting TVA.

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| **Organisation Details** |
| Organisation Name: |  | Organisation Address, including postcode: |  |
| Project Lead Contact Name, Email Address and Telephone Number: |  |
| Finance Lead Name, Email Address and Telephone Number: |  |
| Project Title: |  | Project Address (if different from above): |  |

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| **Organisation Status** |  | **Applications Submitted** |
| Registered Charity *If yes, please provide your Registration Number* | [ ] Charity No: |  | Has your organisation applied in other areas? If yes, please select which areas below. | **Yes** | **No** |
|  |  |  |  |[ ] [ ]
| Voluntary or Community Group, or self-help group |[ ]   | Blaenau Gwent |[ ]  ***Please note:*** *Organisations can only apply up to £20,000 across the 5 locality areas.* |
| Community Interest Company |[ ]   | Caerphilly |[ ]   |
| Charitable Incorporated Organisation |[ ]   | Monmouthshire |[ ]   |
| Other (please describe) |  |  | Newport  |[ ]   |
|  |  |  | Torfaen |[ ]   |

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| **Project Delivery Area** |  | **Population Group** |
| Indicate the areas where the project will be delivered |  | Indicate what population group your project will support. Select 1 primary group and any secondary. | Primary | Secondary  |
| Blaenau Gwent |[ ]   | Older People including People with Dementia  |[ ] [ ]
| Caerphilly |[ ]   | Children and Young People with Complex Needs  |[ ] [ ]
| Monmouthshire |[ ]   | People with Learning Disabilities, Neurodiverse and Neurodevelopmental conditions  |[ ] [ ]
| Newport  |[ ]   | Unpaid Carers  |[ ] [ ]
| Torfaen |[ ]   | People with Emotional Health and Mental Well-being Needs  |[ ] [ ]

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| **Project Support Type** |
| Indicate what type of support your project will provide. Select 1 primary type. | Primary |
| Information, Advice and Assistance (IAA) Support (Universal)  | This level of intervention provides general information and advice to individuals and families about a variety of health and social care topics. Assistance in this context means helping to connect people with more specialised services if needed.  |[ ]
| Early Help and Support(Targeted)  | This level of intervention is aimed at people who are experiencing early signs of difficulty or who are at risk of developing more serious problems.  It is designed to prevent problems from getting worse and to help people build their strength and resilience.  |[ ]
| Intensive Support(Targeted)  | This level of intervention is for people who are experiencing more serious problems and who need more intensive help.  It is designed to help people address the underlying causes of their problems and to make changes to their lives.  |[ ]
| Specialist Intervention (Specialist)  | This level of intervention is for people who have complex or long-term needs.  It is provided by experts in specific areas.  |[ ]

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| **Problem Statement**(By implementing this initiative what problem are you seeking to address locally and how is this evidenced?) |  |

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| **Project Outline and Delivery*** Project Outline - Basic description of what this initiative will do, what will be undertaken, by who to deliver what output, what will the money be spent on? This needs to include a clear case for proposed action/ changes/ service development and describe your engagement with the beneficiary priority area.
* Project Delivery - Description of how you will deliver the initiative, including any partnerships, how you will engage with the population group, and how you will monitor the impact
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| **Anticipated Outcomes and Key Milestones, including expected delivery date**(List the anticipated outcomes i.e., the expected number of beneficiaries, outcomes of beneficiaries, etc.)  |  |

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| **Please provide details of relevant policies you have that are required for the implementation of this project.** (If you require to adopt policies, and practices or undertake DBS checks we need you to confirm that these will be done in advance of the start of the project.) |  |

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| **When will the project start and how long will it last?** (Projects cannot start before 1st April 2024 or end after 31st March 2025) | Start:End: | **Are staff available for the project or is recruitment required?** |  |

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| **MANDATORY CRITERIA**Please select the below to confirm that you can meet the criteria below.  You MUST meet all of the below criteria for the application to be considered. |
|  Mandatory Criteria   | Select all of the below to indicate you meet the criteria |
|  The applicant is a Third Sector organisation  |[ ]
|  The organisation can deliver against the outcomes from the 1st April 2024 – the 31st March 2025.  |[ ]
|  Offer support to one or more of the population group/s |[ ]
|  You can provide evidence of delivery through the following outcomes:How Much: - Number of individuals accessing opportunities/supported/engaged Breakdown per locality (Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen) - Number of sessions/activities - Number of volunteers engaged in the projectHow Well and Difference Made: Provide information on how well the project has achieved the project outcomes towards the population group outlined in the application for people engaged, the community, and volunteers. Consider the impact and change made for the people being supported and the benefits the project has achieved towards wellbeing.  Supporting Evidence: Submission of any supporting evidence such as case studies, testimonials etc.  |[ ]
|  You have the capacity to meet with the CVC to provide regular updates on the delivery of the initiative.   |[ ]

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| **Cost Description** (please provide detailed breakdown of costs) *1 quotation will be required for any capital purchase under £5,000 and 2 quotations for any capital purchase over £5,000 to be included with the application.* | **Cost Type** (capital / revenue / staff / non-staff) | **Cost (£)** |
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| **TOTALS** | **£** |

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| **Additional Information** |
| Please use this space to provide any other pertinent information |
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**Confirmation**

**Senior Signatory**

I confirm that the information outlined within this application form is an accurate representation of the proposal.

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| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

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| GDPR 2018. The information given will be held securely on file at TVA. The information will be used for administration of the grant scheme and for monitoring the grant scheme and for no other purpose. Personal data is limited to contact names and addresses, telephone numbers, and organisation details TVA will use the information to contact you during the lifetime of the project. Please tick to indicate your willingness for the information to be retained for this purpose. | Please tick[ ]  |

If you have any queries whilst completing this form, please contact our funding team on 01495 365610.

Once completed, please email your form with accompanying documents to funding@tvawales.org.uk

**The closing date for applications is the 24th May 2024.**