

**APPLICATION FORM HOME SUPPORT GRANTS SCHEME**

Cheshire West and Chester Council would like to invite voluntary and community organisations, community interest companies, charities, and other community focussed groups to apply to the Home Support Grants Scheme. The Home Support Grants Scheme aims to invite the market to test different methods of home support over 12 months to enable residents of Cheshire West and Chester to:

* Be able to stay living at home;
* Improve their physical and mental health;
* Increase connectivity and sense of belonging;
* Be valued in decision making for own life requirements.

**Key Information:**

**Innovation -** is defined as the process of trying something new or different that has the potential to address an identified need or problem.

An innovation grant is a fund given by an entity, to an organisation for a specific innovative project that is linked to public benefit.

**Applications** – A maximum of one grant scheme application per organisation will be accepted.

The application process will be administered by Cheshire Community Action (CCA).

**Key Dates:**

6th May 2022 - Launch Grant Scheme

30th June 2022 – Grant Scheme closes

July 2022 – Evaluate applications

August 2022 – Award

1st October 2022 – Home Support projects begin

If you need any help, please contact Cheshire Community Action on 01244 400222 or email [mark.reading@cheshireaction.org.uk](mailto:mark.reading@cheshireaction.org.uk)

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| --- | --- | --- | --- | --- | --- |
| Name of group/organisation: | |  | | | |
|  | |  | | |  |
| Is your group or organisation a registered charity? | | Yes | | | No |
| If ‘Yes’, please tell us your registration number: | |  | | | |
| If ‘No’, please tell us is the type of organisation: | |  | | | |
|  | |  | | |  |
| Project name: | |  | | | |
|  | |  | | |  |
| Please give details of two contacts for your group/organisations (one must be the main contact): | | | | |  |
|  | |  | | |  |
| Name: |  | | Name: |  | |
| Position: |  | | Position: |  | |
| Address: |  | | Address: |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Telephone: |  | | Telephone: |  | |
| Email: |  | | Email: |  | |
|  | |  | | |  |
| When did your group/organisation start? | |  | | | |
|  | |  | | |  |
| Does your project have the support /involvement of local people? | | Yes | | | No |
| If ‘Yes’, what evidence do you have that local people are in favour this project? Please provide documentary evidence if applicable. | | | | |  |
|  | | | | |  |
| Is your project open to everyone or is it aimed at a specific group of people? | | | | |  |
|  | | | | |  |
| Please explain what project you are seeking a grant for and how a grant from the Home Support Grants Scheme would make it possible? (500 Words Max) | | | | | |
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| When will your project start and how long will it last for? | | | | |  |
|  | | | | |  |
| Where will your project take place? | | | | |  |
|  | |  | | |  |
| What amount are you requesting from the Homecare Support Grants Scheme? | | | | | £ |
|  | |  | | |  |
| In the table below, please tell us the anticipate costs of the project for which you have applied for. Please keep evidence of these costs/quotes. | | | | |  |
|  | |  | | | Notes |
| Salaries | | £ | | |  |
| Premises | | £ | | |  |
| Equipment | | £ | | |  |
| Other | | £ | | |  |
| Other | | £ | | |  |
| Other | | £ | | |  |
| Total Project Cost | | £ | | |  |
|  | |  | | |  |
| Please provide the following banking information: | | | | | |
| Account name: | |  | | | |
| Bank name: | |  | | | |
| Account Number: | |  | | | |
| Sort code: | |  | | | |
|  | |  | | |  |
| Do you have the relevant safeguarding processes and policies in place? | | Yes | | | No |
|  | |  | | |  |
| Is there anything else you wish to tell us in support of your project? Please feel free to use additional space if required. | | | | | |
|  | | | | | |
| The project/activity work must be commenced within three months of receiving the grant. Any grant money received for work not subsequently undertaken must be refunded. The applicants undertake to complete and return a progress report within six months of the date of funding, to provide an end of grant report and to provide such information regarding the project as may reasonably be requested from time to time.  I UNDERSTAND THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT THE DECISION OF THE GRANTS PANEL OF CHESHIRE COMMUNITY ACTION (CCA) ON THIS APPLICATION WILL BE FINAL AND THAT CCA SHALL NOT BE OBLIGED TO GIVE REASONS FOR THAT DECISION. I UNDERSTAND I WILL HAVE NO RIGHT OF APPEAL AGAINST THAT DECISION. I UNDERSTAND THAT, IF SUCCESSFUL, MY APPLICATION MAY BE USED TO FURTHER PUBLICISE THE WORK OF CHESHIRE WEST AND CHESTER COUNCIL. | | | | | |
|  | |  | | |  |
| Name: | |  | | |  |
|  | |  | | |  |
| Signed: | |  | | |  |
|  | | | | |  |
| Date: | |  | | |  |
|  | |  | | |  |
| **Please return by the 30th of June to:** | | [mark.reading@cheshireaction.org.uk](mailto:mark.reading@cheshireaction.org.uk) | | | |