

**Carers Project Grant Scheme**

Application Form

Carers Project Grants are available to fund local young and adult carer projects across Staffordshire.

Email: [enquiries@staffordshiretogetherforcarers.org.uk](mailto:enquiries@staffordshiretogetherforcarers.org.uk)

Telephone: 0300 303 0621

**Please tell us about you and/or your group**

**Name of the person/group/organisation applying for the grant:**

**Name of Lead Contact** - *This is the person we will direct all correspondence to for the project.*

|  |  |
| --- | --- |
| Address  Postcode |  |
| Telephone number |  |
| Email |  |

**Please provide us with alternative contact details in the event we are unable to contact you directly:**

|  |  |
| --- | --- |
| Name |  |
| Telephone number |  |
| Email |  |

**Please provide the details of your sponsor where applicable:**

|  |  |
| --- | --- |
| Name |  |
| Telephone number |  |
| Email |  |

**Type of Group/Organisation:**

|  |  |
| --- | --- |
|  | Local Community Group |
|  | Parish / Town Council |
|  | Residents / Tenants Association |
|  | School / PTA / Other Academic |
|  | Social Enterprise / CIC |
|  | Sports Club / Organisation |
|  | Faith Group |
|  | Village Hall / Community Centre |
|  | Youth Group |
|  | Not-for-profit organisation |
|  | Individual (with sponsor) |
|  | Other - *Please specify below* |

**Does your Group/Organisation have its own bank account?**

Yes

No *- If no, please provide us with an alternative suitable method for how payments will be made to you e.g., sponsor details, below*

**Do you require support in identifying suitable interim measures for payments, e.g., parent organisation/CVS to hold monies on your behalf?**

Yes

No

**Please tell us about your project**

**What is the name of your project?**

**Please provide an overview of your project (max 400 words) including how you will identify carers and meet outcomes.**

**What districts of Staffordshire will your project cover?**

Please mark all those that apply

Cannock Chase District

Newcastle-under-Lyme District

Lichfield District

Staffordshire Moorlands District

Stafford District

East Staffordshire District

South Staffordshire District

Tamworth District

**Which of the primary outcomes detailed below will your project meet?**

Please mark all those that apply

Carers are actively identified and supported

Carers physical and emotional wellbeing is enhanced

Carers are supported to plan for the future

Carers are supported to Strengthen and build resilience

Carers have access to local support they need to learn, develop, thrive and enjoy life

Other - *please specify below*

**Thinking about the outcomes your project will achieve, which of the identified areas below does your project provide:** Please mark all those that apply

Access to peer/group support

Fill a gap in provision

Identify and support new developments and/or innovation

Other – *please specify below*

**How many individual Carers do you think your project will benefit?**

**Who are the main groups of Carers who will benefit from your project?** Please mark all that apply

Adult Carers

Young carers

Parent Carers

Working Carers

Other -Please specify below

**How can Carers get involved in your project?** (Up to 250 words)

*Note: this information will be used by Staffordshire Together for Cares and Staffordshire County Council to refer Carers to successful projects. You should include relevant referral and contact details i.e., social media page/group, website, email address, telephone number.*

**Please respond to part a) or b) below as applicable** (Up to 250 words)

1. **If this is your first carers project, please tell us why you feel it is important**
2. **If you have prior experience of delivering projects, please tell us about your previous achievements**

**Are there any other organisations or agencies you will be working with to ensure your project is a success?** (Up to 250 words)

**It is envisaged that some applications for funding will be to launch projects whilst other applications may be for projects with a defined period of delivery. Please tell us when you plan to start the project and if known when you will end the project.**

Start:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

End:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known)**

**Please tell us the total amount of funding you are requesting and a breakdown of your project costs:**

Please give a breakdown of the total costs for delivering your overall project, including costs which will be funded through other sources of income. This may include staffing costs, overheads/core organisational costs capped at 10% of total project costs, equipment and other resources, room hire, travel costs etc.

|  |  |
| --- | --- |
| Items | Costs of each |
|  |  |
| Total |  |

If the Grant is not covering all the cost of your project, please provide details of other funding that you have already secured towards this project, including the amount and the source of these funds (Grant Name, Funding Organisation).

**Next steps**

When your application form is complete please send either by:

Email: [enquiries@staffordshiretogetherforcarers.org.uk](mailto:enquiries@staffordshiretogetherforcarers.org.uk) as a Microsoft word document

Post: FREEPOST Staffordshire Together for Carers Service

**DECLARATION**

I hereby certify that the information contained in this application form is accurate and acknowledges that in the event of a grant being made, the application form and guidance notes will be the basis of a binding agreement.

Information contained within this application form will be shared with the Carers that form part of the Evaluation Panel and included in regular newsletters for Carers if appropriate.

The decision made by the Panel is final. However, you can appeal the decision by contacting enquiries@staffordshiretogetherforcaresr.org.uk

Any award made will be used only for the purposes for which it is granted

To prevent money laundering, if any false or inaccurate information is contained within the application or at any point in the life of the investment we award, and fraud is identified, we will provide details to the police and fraud investigation agencies

All funding when spent must comply with monitoring and evaluation processes including documenting and keeping receipts/invoices

Staffordshire Together for Carers may wish to contact you and arrange an informal visit to your project to learn more about how you are getting on.

Staffordshire Together for Carers is committed to ensuring there are a wide and diverse range of projects. Re-application for funding for projects either within or after the first 12-month delivery period would be considered on individual merit.

Organisations can act as sponsors for multiple projects.

Staffordshire Together for Carers (commissioned by Staffordshire County Council) is subject to the Freedom of Information Act 2000. This law gives the general public the right of access to information held by the Council. Some information may be exempt from disclosure such as bank account details. The Council will consult with third parties who supplied the information but the final decision on the release of the information rests with the authority

Any unspent monies must be returned

I understand that failure to comply with the above requirements may result in the recovery of monies paid

NAME (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_