**How to apply**

This form is to be used to apply for the main grants provided by the council.

We have designed this form so you can give us all the information we need to make a decision about your proposal.

The following supporting documents are available to help with your application:

* **Guidance notes**
* **commissioning framework**

When you have completed the application form, please email us a saved copy as an attachment at: [commissioning@norwich.gov.uk](mailto:commissioning@norwich.gov.uk). Any enquiries can be sent to this address.

Or you can return it by post to:

Commissioning Applications

Norwich City Council

City Hall

St Peters Street

Norwich

NR2 1NH

You will receive confirmation of receipt of your application by email if you have given us an email address.

Your application will then be considered by senior council officers.

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| **Section A – The applicant** | | | | | | |
| **1. Organisation name, main contact and position held** | | | | | | |
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| **2. Address** | | | | | | |
|  | | | | | | |
| Postcode |  | | | | | |
| Daytime telephone |  | Evening telephone | | |  | |
| Fax number |  | email | | |  | |
| **3. List of consortium members, or parent organisation if applicable** | | | | | | |
|  | | | | | | |
| **4. How would you describe your organisation?** (**Y**/**N**) | | | | | | |
| A company limited by guarantee | | |  | An association | |  |
| A partnership | | |  | A co-operative | |  |
| A community group or club | | |  | Non-profit distributing | |  |
| A consortium | | |  | A social enterprise | |  |
| A registered charity | | |  | Other (please specify) | |  |
| Registered charity number (if applicable) | | | | | |  |
| Are you registered for VAT? (Yes/No) | | | | | |  |
| VAT number (if applicable) | | | | | |  |
| Are you a registered company? (Yes/No) | | | | | |  |
| Registered company number (if applicable) | | | | | |  |
| **5. What are the aims and objectives of your organisation or consortium?** | | | | | | |
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| **Section B – Tell us about the policies of your organisation** | | | | |
| **1. Does your organisation have any of the following? (If a consortium, consider all of the organisations involved in relation to this application)**  (**Y**/**N**) | | | | |
| Contracts, terms and conditions of employment for paid staff |  | Disciplinary and grievance procedure |  | |
| Public liability insurance |  | Volunteer policy |  | |
| Employers liability insurance |  | Complaints procedure |  | |
| Professional indemnity insurance |  | Equal opportunities policy |  | |
| Health and safety policy |  | Child protection policy |  | |
| Vulnerable adult policy |  |  |  | |
| **2. Are relevant employees and volunteers CRB checked?** (**Y**/**N**) | | |  | |
| **3. Do relevant employees and volunteers receive...?** (**Y**/**N**) | | | | |
| Health and safety training |  | First aid training |  | |
| Child protection training |  |  |  | |
| **4. How many people work for your organisation**?  (If this application is on behalf of a consortium, please detail the number of employees and volunteers involved in delivering this project or service alone) | | | | |
| Number of employees |  | Number of volunteers |  | |
| **5. Out of those detailed at point 4, how many are:** | | | | |
| Male |  | Female |  | |
| People with disabilities |  | Under 25 years old |  | |
| White |  | From black or minority ethnic groups |  | |
| Over 50 years old |  |  | | |
| **6. Do you currently pay employees the living wage?** (**Y**/**N**)  (The living wage is not the minimum wage and for Norwich is a rate of £7.65 per hour. For further information, see guidance notes) | | | |  |

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| **Section C – The proposal** | | | | | |
| **1. Please see guidance notes and then enter details of your proposal below.** | | | | | |
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| **2. If applicable, please detail below how partners are involved in the delivery of the proposed project or service.** | | | | | |
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| **3. Which of the Norwich City Council priorities and agreed outcomes does your project support?**  (**Y**/**N**) | | | | | |
| Fair city | |  | Prosperous and vibrant city | |  |
| Safe, clean and low carbon city | |  | Health city with good housing | |  |
| Value for money services | |  |  | | |
| **4. How much funding are you requesting from Norwich City Council?** | | | | | |
| £ | | | | | |
| **5. Please provide a breakdown of the total cost of your proposal.** | | | | | |
| **Item** | **Cost (£)** | | | **Source** | |
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| **6.** **What benefit will people receive from this project?** | | | | | |
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| **7. How many people do you think will benefit and what percentage will be residents of Norwich (approximately)?** | | | | | |
|  | | | | | |
| **8. Please describe how you plan to target and engage relevant groups of people.** | | | | | |
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| **9. Please describe your experience and track record of project or service delivery** | | | | | |
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| **10. What plans are there for long term sustainability, or is this a one off application?** | | | | | |
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| **11. How will you promote and publicise your activities or services?** | | | | | |
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| **12. How do you seek feedback from the users of your service?** | | | | | |
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| **Section D – Tell us about your finances** | | | | | |
| **1. Does your organisation or consortium have an annual turnover of £5,000 or more?** (**Yes or No**) | | | | |  |
| ‘**Yes**’ please enclose a copy of:   * An audited or independently examined accounts for the last financial year   ‘**No**’ please enclose:   * Copies of your last three bank statements. | | | | | |
| **2. What arrangement does the organisation or consortium have in place to ensure that the proper financial controls are in place?** | | | | | |
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| **3. What mechanisms does the organisation or consortium have in place to monitor, review and revise levels of expenditure and income?** | | | | | |
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| **Section E – Tell us about any other grants** | | | | | |
| **1. Please detail below, any applications made to other organisations for funding to support your organisation or consortium in the last three years, including funding already secured and unsuccessful applications.** | | | | | |
| Decision date | Duration of grant (years) | Organisation applied to | Amount applied for (£s) | Amount(s) received | How is the grant to be used? |
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| **2. Please tell us if any of the sources above require evidence of match funding** | | | | | |
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| **Section F – How will you monitor progress and evaluate?** |
| **1. Please tell us how you will monitor** how well you are doing **and report progress on the** outcomes you are working towards**.**  **If you are applying for more than £500, please refer to our** [**monitoring and evaluating guidance toolkit**](http://www.norwich.gov.uk/YourCouncil/KeyDocuments/CouncilPoliciesAndStrategies/commissioning/Documents/MeasuringEvaluatingToolkit.doc)**.**  **If you are applying for less than £500, we require a brief report on progress made.** |
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| **And finally** | | | | | |
| We try to make our application forms easy to complete, particularly as we have to ask so many questions. Would you please help us by ticking the appropriate boxes for these two questions: | | | | | |
| **1. Did you find this form: (Y/N)** | | | | | |
| (a) Easy to complete |  | (b) Reasonably easy to complete | | |  |
| (c) A little difficult to complete |  | (d) Very difficult to complete | | |  |
| **2. Did you contact one of our officers to: (Y/N)** | | | | | |
| (a) discuss your application | | | | |  |
| (b) ask how to complete the application form | | | | |  |
| If so, please give officer’s name or role: | | |  | | |
| **3. Did you read the guidance notes to help you complete this form? (Y/N)** | | | |  | |

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| intran logo | **If you would like this document in large print, Braille, audiotapes, or translated in to another language, please call us on 0344 980 3333 or email info@norwich.gov.uk** |