**APPLICATION FOR GRANT FUNDING FROM GLOUCESTERSHIRE INTEGRATED CARE BOARD**

**Deadline for submission Monday 11th November 2024, 5pm**

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| **APPLICATION FOR GRANT FUNDING** |
| **SECTION A: ABOUT YOU**  |
| 1. Date of Application:
 |
| 1. Legal name of organisation applying:
 |
| 1. Is the organisation known by any other name?
 |
| 4. Applicant TypeCharity Limited Company Other (please specify)  |
| 1. Limited company or registered charity number:
 |
| 1. When was your organisation set up?
 |
| 1. Tell us about the organisation (max 50 words)
 |
| 1. How many people work for your organisation? How many trustees or directors are on your board?
 |
| 1. What was your turnover in the last financial year?
 |
| 1. Main Contact for application

|  |  |
| --- | --- |
| Individual contact name  |  |

|  |  |
| --- | --- |
| Position in organisation |  |

 Registered Address   Telephone Number Alternative Telephone Number

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

 Email

|  |
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|   |

 Alternative email address

|  |
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|  |

 Website of Organisation

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| 11. Secondary contact for application

|  |  |
| --- | --- |
| Individual contact name  |  |
| Position in organisation |  |

  Telephone Number

|  |
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|   |

 Email

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| 1. Previous Applications

Have you applied to the Gloucestershire ICB for Grant Funding previously? |
| 13. If yes, was your application successful?  |
| 14. Does your current application relate to the previous grant? (Maximum 50 words) |
| 15. Do you have any other links with the ICB to declare? (please see additional information document for more information) |
| Please give an example of a project you have carried out in the last 3 years.(Maximum 350 words)**Not Applicable – no need to answer** |

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| **SECTION B: About Your Application** |
| 1. Amount of Grant Applied for

|  |
| --- |
| £ |

 |
| 1. Tell us the name of your application
 |
| 1. Please tell us about what the intended funding will be used for (Minimum 500 words, maximum 2,000 words – Continues overleaf)
 |
| 1. Is there a specific target group this funding is aimed at?
 |
| 1. What is the reach of this work?
 |
| 1. Where are the people who will benefit most from your proposal?
 |
| 1. How will you publicise your offer? (Maximum 50 words)
 |
| 1. What evidence do you have to show that this investment is needed? Have you consulted with the people who will benefit or conducted research into the impact it may have? (Minimum 250 words, maximum 1,000 words – Continue overleaf)
 |
| 1. With this evidence in mind, what will you achieve?
 |
| 1. You will be required to demonstrate what you achieved. How will you measure the outcomes? (Maximum 100 words)
 |
| 1. Will you be seeking or have you received funding from any other sources for this work? If yes, please specify (Maximum 50 words)
 |
| 1. Please explain how you have calculated your costs (Maximum 50 words)

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| --- | --- | --- |
|  **Income source** |  **£** |  **Is this funding secured?** |
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| **Total Income**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | **Project Spend**  | **Breakdown of cost** | **Grant requested**  |
| Staff costs  |  |  |  |
| Volunteer costs (e.g. DBS Checks, travel expenses, kit for volunteers, training) |  |  |  |
| Programme delivery costs (e.g. equipment, materials, room hire, transport etc.)  |  |  |  |
| Management costs (Administration, training, governance) |  |  |  |
| Other |  |  |  |
|  | **TOTAL:** |  | **TOTAL:** |

 |

|  |
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| **SECTION C: WHEN** |
| 1. What is the expected start date of the work?
 |
| 1. What is the expected completion date?
 |
| 1. Please set out a detailed timeline from start to completion

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| --- | --- |
| Item Or Activity | Time for Completion |
|  |  |
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| **SECTION D: REPORTING & PUBLICITY** |
| **DO NOT INCLUDE AT THIS STAGE****If we make a conditional offer to provide funding for your project you will be required to provide us with the following.** **The Accounts must be submitted with this Application for Funding, Failure to provide may result in the offer of grant funding being withdrawn.**  |
| 1. Your most recent audited accounts
 |
| 1. Your latest annual report
 |
| **Following an award to you, we will require:** |
| 1. Monthly updates
 |
| 1. On completion of the project, a full report
 |
| **In submitting this application you confirm that:** |
| 1. You are authorised by your organisation to apply for this funding
 |
| 1. All the information contained in your application is accurate and true.
 |
| 1. Use of the NHS Logo or Gloucestershire ICB Name: Permission to use the GICB Name or NHS Logo for any advertising relating to this project must be requested and received in advance.
 |
| The ICB will require funding to be returned if the funding is not fully used in accordance with the agreed grant.  |
| **SECTION E: DATA SECURITY AND PROTECTION TOOLKIT**  |
| **NOT APPLICABLE**1. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/data-security-and-protection-toolkit> |
| **NOT APPLICABLE**1. In order to qualify for Grant Funding, the Recipient must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in the Data Security and Protection Toolkit (or any successor framework), as applicable to the Project and the Recipient’s organisation type. <https://www.dsptoolkit.nhs.uk/>
 |
| **SECTION F: FRAUD, BRIBERY & CORRUPTION** |
| It is a requirement of Gloucestershire ICB that all bidders for Grant funding must have a **Fraud, Bribery and Corruption Policy** in place before funds can be released. **Please submit this policy with your application.** |
| **For office Use Only:** |
| **Received by Commissioner Date……………………….** |
| **Data Security and Protection Toolkit Completed Date……………………….N/A** |
| **Fraud, Bribery and Corruption Policy Date……………………….** |
| **Forwarded for funding Approval to …………… Date………………………** |
| **Authorised by………………………………. Title………………………….** |
| **Grant Agreement Prepared by: Date:………………………….** |

**Please forward your application to:** **glicb.hciteam@nhs.net**

**by Monday 11th November 2024, 5pm**