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**CARERS SUPPORT INNOVATION FUND**

**Round 2**

**Application form**

**Section A – Organisation Details**

**1. Organisation contact details:**

|  |  |
| --- | --- |
| Name of organisation |  |
| Contact name |  |
| Position in organisation |  |
| Address for correspondence |  |
| Contact telephone number |  |
| Contact e-mail address |  |

**2. Governing document** (*please tick*)

|  |  |  |  |
| --- | --- | --- | --- |
| Constitution |  | Articles of Association |  |
| Trust Deed |  | Rules |  |

**3. Please tell us briefly about your organisation’s aims, the main services/activities you normally provide**

|  |
| --- |
|  |

**4. How many people are involved with your group?**

|  |  |  |  |
| --- | --- | --- | --- |
| Committee Members |  | Volunteers |  |
| Paid staff |  | Members |  |

**5. Payment details**: (full bank details will be requested with any offer letter to enable payment by BACS)

|  |  |
| --- | --- |
| Bank/Building Society Name |  |
| Name of account |  |

**Section B – The Project**

**6. Project overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the activity/project |  | | | |
| **Tell us which theme(s) you are applying under** *(please indicate all that apply)* | | | | |
| **Theme 1:**  **Supporting life alongside caring** |  | | **Theme 2:**  **Providing information, advice,**  **assistance** |  |
| **Theme 3:** **Identifying and recognition**  **of carers** |  | | **Theme 4:** **Supporting digital inclusion**  **& access to digital services for carers** |  |
| **Theme 5: Improving carers’ physical**  **health and mental wellbeing** |  | |  |  |
| How much money are you asking for? |  | | | |
| **Tell us the start and end dates of your project/when you intend to spend the funding.**  **Please note that funds must be spent by 31st March 2022.** | | | | |
| Start date: | End date: | | | |
| **Tell us who/what your project will support** *(please indicate all that apply)* | | | | |
| Older people |  | People with learning disabilities | |  |
| People living with dementia |  | Unpaid carers/young carers | |  |
| People with physical disabilities |  | People with mental health issues | |  |
| Children & young people |  | Other | |  |
| Vulnerable people |  |  | |  |
|  | | | | |
| **Please use the space below to tell us a bit more about the carers you plan to support, including: -**   * Where they live? * How many you will support? * How you will tell them about the project? | | | | |

|  |
| --- |
| **7. Description of project activity and how your project meets the innovation criteria**   * Tell us what you would do with the funding under the themes you have applied for * Explain why the funding is needed * Tell us who has been involved in developing the proposal * Tell us how your project develops or tests a new way of supporting and working with Carers |

|  |
| --- |
| **8. Explain how you plan to deliver this project taking COVID-19 into account.** |
| **9. Briefly tell us about the difference your project will make. Think about intended outcomes for your organisation/volunteers/individuals/communities - how will they benefit?** |

|  |
| --- |
| **10. How will you measure how effective your project is?** |

**Section C – Financial Details**

11. Please provide a full breakdown of what you will do with the money and indicate any match funding that you may have secured. Please tick \_\_\_\_ if you are VAT registered and please note that VAT will be non-claimable through this grant. If you are not VAT registered, please ensure that costs of items listed are inclusive of VAT

|  |  |  |
| --- | --- | --- |
| **Item of expenditure** | **Cost of item**  **(include VAT)** | **Amount requested** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Match Funding (if any)** |  |  |
|  |  |  |
| **TOTAL** | **£** | **£** |

**DECLARATION**

We declare that to the best of our knowledge and belief all the above information is correct, and that in the event of a grant being awarded, it will be used exclusively for the purposes specified, unless changes have been negotiated with PAVS.

|  |  |
| --- | --- |
| **Organisation name** |  |
| **Signed** *(if printing a hard copy)* |  |
| **Signatory Position – Treasurer etc** |  |
| **Dated** |  |

**CHECKLIST**

**Please ensure that you:**

Read the guidelines for the scheme

Answer all the questions

Complete the declaration and sign it (*if you are sending in a printed copy*)

Keep a copy of your completed application form

Submit a copy of your governing document

In line with PAVS’ Privacy Policy (<https://www.pavs.org.uk/privacy.html>) the information collected as part of this application process will be held in a central database of voluntary organisations.  The details supplied on the application form are viewed by the assessment panel for this fund and shared as part of our partnership working to deliver this scheme.  Details of funded projects may be published by PAVS and/ or West Wales Care Partnership. No personal contact details will be published.

**Please send your completed application form to:**

**PAVS, 36/38 High Street, Haverfordwest SA61 2DA**

**Or email:** [**development@pavs.org.uk**](mailto:development@pavs.org.uk)