

## GRANT APPLICATION FORM

This application form may be used for grant applications up to £500 in the financial year. Organisations may only receive one grant per financial year. Please refer to policy and guidance notes when completing this form.

SECTION 1: ORGANISATION AND APPLICANT DETAILS		
1.	Name of Organisation/Individual.	Mums In Recovery Support Group
2.	Name and address of contact for this application.	
3.	Telephone number/s of contact for this application.	
4.	Email address of contact for this application.	
5.	Status of organisation (if registered charity, please include number).	Community Group
6.	How long has the organisation been established?	Approx 3 months
7.	Brief description of purpose of organisation.	To remove the barrier of mums in recovery to access support, due to childcare. For mums in recovery to have a sense of belonging in the community without judgement. To decrease isolation and aim to improve overall well-being. To give our mums a safe space to talk, not to feel alone, participate in monthly well-being sessions (reiki, sound bath, arts and crafts, etc.
8.	Are you part of/affiliated to a larger organisation?	NO
9.	How many members do you have that reside in Billingham?	Approx 10
10.	Is there an annual subscription/membership fee?	NO
11.	Please provide contact details for another senior member of your organisation.	

12.	Please provide contact details for an independent referee.	

SECTION 2: FUNDING		
13.	Total cost of funding?	On-going
14.	Amount of grant requested? (max £500)	£500.00
15.	How much has already been raised towards the project?	£750.00
16.	How will the balance be funded? (if applicable).	Apply for other funding applications
17.	Has any further grant funding been sought for this project? If so, please specify details.	£750.00 – Billingham Legacy Foundation
18.	Have you sought more than one quote for the project? (Please enclose copies).	The project is on-going
19.	Does the organisation have its own bank account with a minimum of two signatories?	Yes

Please include with your application:

- Accounts for the last two year (draft accounts will be accepted if not yet audited);

*Start up groups without two years of accounts should enclose a signed bank statement and business plan with their application.*

### SECTION 3: PROJECT DETAILS

20.	<p>Please briefly describe the project, including:</p> <p>Where it will take place?</p> <p>How the community of Billingham will benefit?</p> <p>How the project supports the community?</p> <p>How you have identified the need for this project?</p> <p>How you will assess the success of the project?</p> <p><i>(If necessary, please supply further details on a separate sheet of paper).</i></p>	<p>The mums in recovery group takes place at Low Grange Community Centre, every Friday, 10.00-12.00. The group is a drop in and is open to all mums in recovery (any recovery) who feel they would benefit from the group. We have reached out to other local services and charities to help spread the word. We do not know of any other support group where children are welcome in our local area. The numbers are monitored weekly.</p> <p>We set up a safe area for the children to play and engage, all children are supervised for the whole session. Mums can connect with other likeminded mums!</p>
21.	How many people in Billingham do you expect to benefit directly from the project?	As many as need it the group. The venue is a large and holds a good number of people. We have asked Social Services and Family hubs in our local area to reach as many mums as possible.
22.	Please advise the timescale for the project.	As long as there is a need
23.	Will the project require ongoing financial support? If so, how will this be	Yes, other funding applications will be made as and when needed



	funded?	
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#### **SECTION 4: CHECKLIST**

**Please enclose the following with your application:**

24.	Two years of accounts (or for start up groups, a signed bank statement and business plan)	
25.	Quotations for the project (if applicable)	
26.	Organisation's constitution or set of rules	*
27.	Any other relevant supporting information regarding the project	*

#### **SECTION 5: SIGNATURE AND DECLARATION**

**Please initial next to points 28 - 35 and sign below to acknowledge the terms and conditions of submitting this grant application.**

**No application will be considered unless this section is completed in full and signed by the contact person named in question 2.**

28.	I declare that the information given is correct to the best of my knowledge and that any funds received will be used solely for the purpose detailed on this form.	Y
29.	I understand that the documentation supplied will not be returned and may be available for public scrutiny.	Y
30.	I agree that the grant will be returned if the specified project cannot proceed.	Y
31.	I agree that, if successful, details of the project may be published by the Town Council	Y
32.	I agree to supply a report back to the Town Council within twelve months regarding the expenditure of any grant funding.	Y
33.	I confirm that I have authorisation to apply for a grant on behalf of the organisation.	Y
34.	I understand that the information provided on and with this application will be used by the Town Council to judge whether or not to award a grant and that this decision will be made at a meeting that is open to the public.	Y
35.	I confirm that I have read and understood the Grant and Subsidies Policy	Y