**ESF Community Grants**

**Application Form Template**

July 2019

**NOTES ON THIS TEMPLATE**

* **This application form template is for planning use only.**
* **Applications can only be submitted via our online system, GIFTS. Applications submitted using this template will not be accepted.**
* **Applicants can access the link to GIFTS by successfully completing the online eligibility checker tool.**
* **Applicants will be able to copy and paste any text drafted into this document into their online application.**
* **Please ensure you read Appendix 1, pages 13-19 of the Application Guidance when completing this form.**

**Application Form Template**

**SECTION 1: ABOUT YOUR ORGANISATION**

**\* 1. What is the name of your organisation or group?**

|  |
| --- |
| Click or tap here to enter text. |

**\* a. What year was your organisation established?**

|  |
| --- |
| Click or tap here to enter text. |

**\* b. What is the purpose of your organisation? Tell us about your organisation’s background** [300 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* c. What do you currently deliver as an organisation?** Please include your current delivery area (s) [400 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* 2. What is the name of your project?**

|  |
| --- |
| Click or tap here to enter text. |

**3. Organisation's Contact Details**

a. Registered Address

|  |
| --- |
| Click or tap here to enter text. |

b. Website (if relevant)

|  |
| --- |
| Click or tap here to enter text. |

c. Twitter Handle (if relevant)

|  |
| --- |
| Click or tap here to enter text. |

d. Facebook Page (if relevant)

|  |
| --- |
| Click or tap here to enter text. |

**4. What type of organisation are you?** Please tick at least one option from the choices below

a. Public Limited Company

b. Limited Company

c. Limited Liability Partnership (LLP)

d. Statutory Corporation

e. Sole Trader

f. Charitable incorporated organisation (CIO)/foundation CIO

g. Charitable Company (limited by guarantee)

h. Unincorporated charitable association

i. Charitable trust

j. Other

**4i. If you are a charity, what is your Charity Registration Number?**

|  |
| --- |
| Click or tap here to enter text. |

**4ii. If you are a company, what is your Company Registration Number?**

|  |
| --- |
| Click or tap here to enter text. |

**5. If you ticked a, b, c, d, e or j in question 4, please tell us how many staff your organisation employs?**

|  |
| --- |
| Click or tap here to enter text. |

**a. If the number of staff is under 49, is your turnover less than 10 million Euros?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**\* 6. Does your organisation have a Constitution, Memorandum of Association or Articles of Association?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**Please submit a copy with your application.**

[Choose file ] [Upload]

**\* 7. Does your organisation have a bank account in the organisation's name that requires two signatories?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**8. Does your organisation have a copy of its most recent signed accounts (audited accounts where required)?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**Please submit a copy with your application.**

[Choose file ] [Upload]

**\* 9. Primary Contact Details**

|  |  |
| --- | --- |
| a. First Name | Click or tap here to enter text. |
| \* Last Name | Click or tap here to enter text. |
| \* b. Position held | Click or tap here to enter text. |
| \* c. Email Address | Click or tap here to enter text. |
| \* d. Telephone number | Click or tap here to enter text. |

**\* 10. Secondary Contact Details**

|  |  |
| --- | --- |
| a. First Name | Click or tap here to enter text. |
| \* Last Name | Click or tap here to enter text. |
| \* b. Position held | Click or tap here to enter text. |
| \* c. Email Address | Click or tap here to enter text. |
| \* d. Telephone number | Click or tap here to enter text. |

**\* 11. Are you intending on delivering this programme in partnership with other organisations?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**a. If yes, please list the organisations you will be partnering with and give a brief description of their role.**

|  |
| --- |
| Click or tap here to enter text. |

**\* 12. Please upload a letter of recommendation from a key stakeholder or referee.**

If you have referenced a key referral relationship or an endorsement from a key stakeholder in your application, please make sure this letter endorses that.

[Choose file ] [Upload]

**\* 13. Please provide details of at least one further referee to support your application:**

**a. Referee 1**: Name / Organisation / Telephone Number / Email Address. This should be a different organisation to the one provided in question 12. (We may contact them prior to awarding a grant)

|  |
| --- |
| Click or tap here to enter text. |

**b. Referee 2**: Name / Organisation / Tel. Number / Email Address (optional) (We may contact them prior to awarding a grant)

|  |
| --- |
| Click or tap here to enter text. |

**SECTION 2: YOUR PROJECT DETAILS**

1**4. Where will your project be delivered?** Tick all that apply:

West Yorkshire

Bradford

Calderdale

Kirklees

Leeds

Wakefield

Coventry and Warwickshire

Coventry

North Warwickshire

Nuneaton and Bedworth

Stratford on Avon

Warwick

Rugby

**\* 15. What is the full address of your main delivery location?**

|  |
| --- |
| Click or tap here to enter text. |

**\* Postcode**

|  |
| --- |
| Click or tap here to enter text. |

**\* 16. Please describe where your project will be delivered, including information on the wards you will be working in and any additional delivery locations.** [150 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* 17. How much grant is being requested from the ESFA Community Grants programme?**  You can request between £5,000 and £20,000

|  |
| --- |
| Click or tap here to enter text. |

**\* 18. Project Start Date**

|  |
| --- |
| Click or tap to enter a date. |

**\* 19. Anticipated End Date**

|  |
| --- |
| Click or tap to enter a date. |

**\* 20. Please describe your project activities. Your description must include:**

1) a list of individual activities to be delivered

2) barriers to be addressed by project

Please refer to the application guidance for details of the required information. [500 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* 20a. What is the expected frequency of engagement for the participants? i.e. weekly/bi-weekly/monthly etc.**

|  |
| --- |
| Click or tap here to enter text. |

**\* 20b. What is the expected average duration of engagement for a participant?** i.e. the total number of weeks or months a participant will engage with the project and the total number of hours per participant

|  |
| --- |
| Click or tap here to enter text. |

**\* 21. Will you be delivering any regulated (accredited) learning?**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**a. If yes, please list the learning aim reference numbers for the training you will be delivering.**

**You can find the appropriate learning aim reference number on the Learning Aims Reference Service**

|  |
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| Click or tap here to enter text. |

**SECTION 3: YOUR PROJECT PARTICIPANTS**

**\* 22. How many participants will your project support in total?**

|  |
| --- |
| Click or tap here to enter text. |

**23. Please state how many participants from each age range you are expecting to work with in the boxes below:**

|  |  |
| --- | --- |
|  | **Number** |
| 16-17 (West Yorkshire ONLY) | Click or tap here to enter text. |
| 18-24 | Click or tap here to enter text. |
| 25-49 | Click or tap here to enter text. |
| 50+ | Click or tap here to enter text. |

**24. Please state how many participants you anticipate working with from the following priority groups in the boxes below:**

|  |  |
| --- | --- |
|  | **Number** |
| Participants with disabilities | Click or tap here to enter text. |
| Participants from ethnic minorities | Click or tap here to enter text. |
| Participants who are women | Click or tap here to enter text. |
| Participants unemployed for 6 months or more | Click or tap here to enter text. |

**\* 25. Projects will need to begin recruitment quickly in order to maximise the benefit of their grant. How will you recruit and sustain engagement of participants?** [150 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**26. Please set out the numbers of participants you intend to recruit across the duration of your project.** Your project will be monitored on the basis of this profile. Please complete numbers for all 6 months

|  |  |
| --- | --- |
| **Month** | **Number** |
| \* Month 1 | Click or tap here to enter text. |
| \* Month 2 | Click or tap here to enter text. |
| \* Month 3 | Click or tap here to enter text. |
| \* Month 4 | Click or tap here to enter text. |
| \* Month 5 | Click or tap here to enter text. |
| \* Month 6 | Click or tap here to enter text. |

**SECTION 4: PROJECT NEED AND AIMS**

**\* 27. Why is your project needed, and what benefit will it bring to the area?** Please consider your Local Enterprise Partnership priorities, and how your project will complement other work being delivered locally with unemployed/economically inactive people. [500 words maximum]

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| --- |
| Click or tap here to enter text. |

**28. What are the expected core results of your project, and how many participants do you expect to achieve them?** (These figures relate to what the expected progression route will be for participants' beyond your project activities) Please complete the participant numbers against expected core results below (needs to have a value of at least 0).

|  |  |
| --- | --- |
|  | **Number** |
| \* Participants progress into employment | Click or tap here to enter text. |
| \* Participants progress into education or training | Click or tap here to enter text. |

**29. What is/are the aim(s) of your project?** (tick all that apply)

Supporting participants in isolated rural areas

Supporting participants to develop new skills

Supporting participants without access to transport

Supporting participants who are carers

Supporting participants on long-term sick leave

Supporting participants who are parents

Supporting participants to gain confidence

Supporting participants to improve their health & wellbeing

Supporting participants to access support services for the first time

Supporting participants to access benefits for the first time

Supporting participants to engage in active job search

Supporting participants to gain a qualification

Other

If other please explain

|  |
| --- |
| Click or tap here to enter text. |

**SECTION 5: YOUR EXPERIENCE, RESOURCES AND PROJECT PLAN**

**\* 30. Please give examples of any similar projects you have managed in the past two years, including number of participants supported, details of how it was funded, and how you made the project a success.** [400 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* 31. Please describe the staff, systems, resources and experience available to you to enable you to deliver this ESF funded project**. Please include information on any quality standards your organisation may hold, or is working toward. [400 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**\* 32. What do you think are the three main risks of your project, and how will you mitigate against them?** [250 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**33. Please give between 5 and 10 key milestones for your project, and the date you expect these to be complete.** Please note that your project will be monitored against these milestones.

|  |  |  |
| --- | --- | --- |
| **Milestone** | **Description** | **Deadline** |
| 1 | Click or tap here to enter text. | Click or tap to enter a date. |
| 2 | Click or tap here to enter text. | Click or tap to enter a date. |
| 3 | Click or tap here to enter text. | Click or tap to enter a date. |
| 4 | Click or tap here to enter text. | Click or tap to enter a date. |
| 5 | Click or tap here to enter text. | Click or tap to enter a date. |
| 6 | Click or tap here to enter text. | Click or tap to enter a date. |
| 7 | Click or tap here to enter text. | Click or tap to enter a date. |
| 8 | Click or tap here to enter text. | Click or tap to enter a date. |
| 9 | Click or tap here to enter text. | Click or tap to enter a date. |
| 10 | Click or tap here to enter text. | Click or tap to enter a date. |

**SECTION 6: PROJECT COSTS**

**34a. Project Costs – please provide a total value and a breakdown of the expected expenditure for your project for each budget line.** Your costs should total the amount requested in question 15 (How much grant is being requested from the ESFA Community Grants programme?)

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | | **Cost (£)** | **Details** |
| **Staff Costs** | Details (staff positions, hourly rates, total number of hours etc.) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Overheads** | (i.e. rent, insurance, utilities) Details (list each overhead with their individual cost) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Participant & volunteer expenses** | Details (cost per participant/volunteer, type of expense etc.) | Click or tap here to enter text. | Click or tap here to enter text. |
| **External venue and room hire** | Details (hourly rates, total number of hours etc.) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Consumables, equipment & vehicle hire** | Details (cost and number of each consumable/piece of equipment) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Marketing & publicity costs** | Details (total numbers/cost for each) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other expenses** | Details (please state expenses and their individual costs) | Click or tap here to enter text. | Click or tap here to enter text. |

**35. It is expected that projects will spend an average of £1,282.42 per participant. Based on your budget, your spend per participants is:**

[GIFTS will automatically calculate this for you when you click the calculator button].

**a. If your costs are above or below the average amount by more than 10%, please outline the reasons for this.** [150 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**b. If you are requesting funding for IT equipment, such as a laptop, please explain why this is needed for the project.** [150 words maximum]

|  |
| --- |
| Click or tap here to enter text. |

**SECTION 7: YOUR DATA**

**Privacy Information**

For the purposes of Data protection Legislation, the Education & Skills Funding Agency (ESFA) is the Data Controller. Full details on how the ESFA will use your information can be found here:

<https://www.gov.uk/government/publications/esfa-privacy-notice/education-and-skills-funding-agency-privacy-notice-may-2018>

**Who we are**

Groundwork UK has been appointed by the ESFA as the Programme Manager and the data processor (ICO registration number Z6601182) for personal data regarding ESF Community Grant grantees.

We do not trade personal data for commercial purposes and will only disclose it if required by law, necessary to administer your grant, or with your consent.

Groundwork UK uses GIFTS grant management system to store your personal data in order for us to administer your grant. GIFTS data is hosted on Microsoft Azure servers within the EU.

**Details of our processing**

We believe that for the purpose of administering your grant, processing is justified on the basis of a Contract (Grant Agreement); except for sending email marketing about Groundwork UK’s other activities which we carry out on the basis of consent. If you want to read our reasoning on this, you’re welcome to read more here.

**Grantees**

We process grantees personal data for the following purposes:

1. Administration of grant (grant assessment, grant due diligence, grant payments, grant variations, grant monitoring, and end of grant reporting) Information we hold includes:

- Your name, contact details, grants organisation information and grant organisation payment information.

Your information will be shared with ESFA (the funding body), European Social Fund (ESF) and Local Enterprise Partnership (LEP) (the organisation to whom you submitted your expression of interest and application) for monitoring purposes.

We need to keep the details the grant until at least 31/12/2030 in line with ESF funding regulations.

2. Sending our email newsletter (including potential sources of future funding and information on other areas of Groundwork’s charitable work) we will only send out this if you have provided consent during your online grant acceptance process.

When your grant is complete, Groundwork UK will keep your contact details if you have consented to our email newsletter. We will review your interaction with our newsletter, and may ask you to reconfirm consent periodically, likely every 2 years.

You have the right to withdraw your consent at any time either by clicking the “unsubscribe” button or contact us directly by one of the following methods:

Email: info@groundwork.org.uk

Phone: 0121 236 8565

Post: Groundwork UK, Lockside, 5 Scotland Street, Birmingham, B1 2RR

**\* 36. I would like to subscribe to the ESF Community Grants newsletter.**

Select one: Yes / No

|  |
| --- |
| Click or tap here to enter text. |

**37. We would like to contact you with details of future funding opportunities and information on other areas of Groundwork’s charitable work, by post, email or telephone.**

If you agree to being contacted in this way, please tick the relevant boxes below

Email  Post  Telephone

**SECTION 8: DECLARATION**

**38. By ticking this box we confirm that:**

a. (1) We have fully read the application guidance document before submitting this application.

b. (2) We are duly authorised to submit this application on behalf of the applicant organisation.

c. (3) We certify that the information given in this application is true and confirm that any supporting documents are current, accurate and adopted or approved by our organisation.

We understand that if we make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or if we knowingly withhold any information, this could make our application invalid.

\* We understand that should our project be selected to go forward to the panel, we will be required to complete a full Due Diligence exercise.

**\* 39. You will be required to start delivering your project once the grant payment has been released – by ticking this box you are confirming that you will have learners ready to start working with you.**

**\* 40. We understand that the funding is provided by the European Social Fund and the Education and Skills Funding Agency, and that the programme is supported by the Local Enterprise Partnership.**

**PLEASE NOW COMPLETE YOUR APPLICATION FORM ONLINE VIA GIFTS**