Community Resilience Fund 2022

Application form

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Please ensure you have read the Community Resilience Fund (CRF) guidance document before completing this form.

When complete, please email to [commissioning@gambleaware.org](mailto:commissioning@gambleaware.org) along with the supporting documents listed on page 7 and a completed budget sheet.

1. **Eligibility**

The following are the key criteria for this fund. Please tick to confirm your eligibility:

|  |  |  |
| --- | --- | --- |
| 1.1 | The impact of the activity and any direct delivery of services is in England, Scotland, or Wales. |  |
| 1.2 | The activities will not include evangelising or proselytising (preaching, spreading, or attempting to convert people to one’s own belief or religious views). |  |
| 1.3 | Your organisation does not adopt a partisan political stance or activities which are party political. |  |
| 1.4 | You are an incorporated organisation with a board of trustees or directors (ideally three unrelated people). |  |
| 1.5 | You have not requested more than 50% of your previous year’s turnover (please see guidance notes on this). |  |
| 1.6 | Activities must be in line with GambleAware’s charitable objectives. |  |

**2. The proposal**

|  |
| --- |
| 2.1 Organisation name |
|  |
| 2.2 Title of your project |
|  |
| 2.3 Is this project new or are you continuing/expanding something existing that has worked well previously? |
|  |
| 2.4 Please provide a brief description of the proposed project (300 words) |
|  |
| 2.5 Please describe the need for the project, including reference to the current cost-of-living crisis. Please include any supporting statistics from any local or national research or from your own evidence. (500 words) |
|  |
| 2.6How does your project meet GambleAware’s charitable objectives? (300 words) |
|  |

|  |  |  |
| --- | --- | --- |
| 2.7 People benefitting | | |
|  | Who is included in this figure? (50 words) | Total number of people |
| Communities of people benefitting |  |  |

**3. The approach**

|  |
| --- |
| 3.1 What activities will specifically be involved in the delivery of the project? (500 words) |
|  |
| 3.2 Why do you think this approach will be effective? (300 words) |
|  |
| 3.3 Who will be involved in delivering the activities and what will they do? (300 words) |
|  |
| 3.4 Were people with lived experience involved in developing this work? And, if so, how? (300 words) |
|  |
| 3.5 Please outline how you intend to collaborate within and across the system to achieve joined up care for individuals. We’re particularly interested to hear about any plans to work/integrate with the National Gambling Treatment Service (NGTS) (300 words) |
|  |

**4. Monitoring, evaluation, and learning**

GambleAware are keen to monitor and evaluate innovative projects and generate learning from these to inform future services and contribute to the wider body of evidence informing GambleAware’s commissioning decisions and national policy.

The overall outcome of this work is to **support communities to address gambling harms in light of the cost-of-living crisis**;however, due to the nature of this fund, projects will have varied outcomes based on the communities of people being supported and how the funding is used. Once funding has been allocated, we will work with successful applicants to identify service-specific outcomes and implement monitoring procedures. Successful applicants must therefore be willing to engage with monitoring and evaluation activities.

|  |  |
| --- | --- |
| 4.1 Please indicate whether you are willing and able to engage with GambleAware to identify and monitor project outcomes | Yes / No |

**5. Finances**

|  |  |
| --- | --- |
| 5.1 How much funding are you requesting? |  |

**Please complete the budget form you can find here and attach alongside your application.**

|  |  |  |  |
| --- | --- | --- | --- |
| 5.2 In the table below, please provide your current assets and current liabilities balances for the most recent 3 months. | | | |
|  | Month 1 | Month 2 | Month 3 |
| Current assets |  |  |  |
| Current liabilities |  |  |  |
| If you are unable to provide these details, please provide an explanation below. | | | |
|  | | | |

**6. Organisation details**

|  |  |
| --- | --- |
| 6.1 Your organisation | |
| What is the purpose of your organisation and why is your organisation well placed to carry out this work? (300 words) | |
|  | |
| Date your organisation was established |  |
| Legal status |  |
| Registration body |  |
| Registration number (if applicable) |  |
| Is your organisation affiliated with any other organisation? | Yes  No |
| Affiliated organisation name(s) and how they are linked |  |
| How many people work at your organisation? | |
| Paid staff (full-time equivalent) |  |
| Part-time paid staff |  |
| Sessional paid staff |  |
| Volunteers (full-time equivalent) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6.2. Your organisation’s finances | | | | |
| Please provide the following figures for the organisation's most recent full financial year, and the previous year. | | | | |
| Year | Income | Expenditure | Total reserves | Unrestricted reserves |
|  |  |  |  |  |
|  |  |  |  |  |
| If you cannot provide the above, please provide an explanation below. | | | | |
|  | | | | |

|  |  |
| --- | --- |
| 6.3 Accounts verification | |
| Details of the accountant/auditor who verified your most recent accounts. | |
| First name |  |
| Last name |  |
| Accountancy/audit firm |  |
| Address 1 |  |
| Address 2 |  |
| Address 3 |  |
| Town/city |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Relevant professional body and qualification |  |
| Qualification number |  |
| Is membership current? | Yes  No |
| If your accounts were not verified, please provide an explanation below. | |
|  | |

|  |  |  |
| --- | --- | --- |
| 6.4 Board/committee member details (if applicable) | | |
| First name | Last name | Role and experience |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 6.5 Supporting documents | |
| Do you have a safeguarding policy/child protection policy/protection of vulnerable adults policy? | Yes  No |
| Do you have an equality and diversity policy? | Yes  No |
| Please attach your constitution/memorandum and articles of association | Share document |
| Please attach your last set of annual accounts, or if you do not have a full set, please attach a 12-month cash flow forecast and current assets balance and the current liabilities balance for the last 3 months | Share document |

|  |
| --- |
| 6.6 Please provide a brief overview of your financial management procedures that help to ensure good governance e.g. segregation of duties, delegation of authority, authorisation limits etc. (300 words) |
|  |

**7****. Your partners (please skip for applications without partners)**

| 7.1 Basic partner details | | |
| --- | --- | --- |
| Partner name | |  |
| What is the purpose of this organisation and what is it most proud of in its history? Why is it well placed to carry out this work? | | |
|  | | |
| Date this organisation was established |  | |
| Legal status |  | |
| Registration body |  | |
| Registration number |  | |
| Is this organisation affiliated with any other organisation? | Yes  No | |
| Affiliated organisation name(s) |  | |
| How will you formalise this partnership relationship? |  | |
| How many people work for this organisation? | | |
| Paid staff (full-time equivalent) |  | |
| Part-time paid staff |  | |
| Sessional paid staff |  | |
| Volunteers (full-time equivalent) |  | |

|  |  |
| --- | --- |
| 7.2 Partner contact | |
| Partner contact name |  |
| Partner contact email |  |
| Partner contact job title |  |

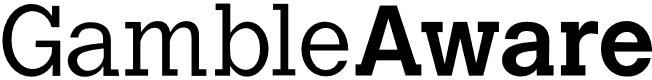
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7.3 Partner finances | | | | |
| Please provide the following figures for the organisation's most recent full financial year, and the previous year. | | | | |
| Year | Income | Expenditure | Total reserves | Unrestricted reserves |
|  |  |  |  |  |
|  |  |  |  |  |

**Please copy and complete above boxes for any additional partners.**

**8. Declaration and contact details**

|  |  |
| --- | --- |
| 8.1 Contact details | |
| First name |  |
| Last name |  |
| Email address |  |
| Telephone number |  |
| Organisation contact details | |
| Main address |  |
| Main telephone number |  |
| Main email address |  |

|  |  |
| --- | --- |
| 8.2 Declaration | |
| Authority to submit | |
| I confirm that the organisation named on this proposal has given me authority to submit this proposal on its behalf | Name:  Date:  Signature: |



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