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| **Learning Disabilities Innovation Fund**  **Application form** | |
|  | **Section A**  **About your organisation.** |
| **1.Contact details** | |
| Organisation name |  |
| Main contact persons name |  |
| Their role in the organisation |  |
| Address we should write to |  |
| Phone number |  |
| Email address |  |

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|  | **2.Your governing documents** You need to send these with the application form. | | | |
| Constitution | |  | Articles of association |  |
| Trust deed | |  | Rules |  |

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| **3.Tell us about your organisations aims and the main things you do** |
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| **4. How many people are part of your group?** | | | |
| Committee Members |  | Volunteers |  |
| Paid staff |  | Members |  |

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|  | **5. Your bank account** | |
| Bank or building society name: | |  |
| Name of your account | |  |
| We will pay the grant directly to your account. We will ask for your bank details if you are offered a grant. | | |

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|  | | | **Section B**  **Your project** | | | | | | |
| **6.Your project** | | | | | | | | | |
| **Name of our project** | | |  | | | | | | |
|  | | | **Which themes of the charter will your project support?**  You can tick more than one. | | | | | | |
| My Life, My Rights | | | |  | My community. My Relationships | | |  | |
| My social life | | | |  | My Support | | |  | |
| My Health | | | |  | My Independence | | |  | |
| My Communication | | | |  |  | | |  | |
|  | **How much money are you asking for** | | | | | | **£** | | |
| **When will your project start?** | | | | | |  | | | |
| **When will your project finish?** | | | | | |  | | | |
|  | | **7.Tell us about the people with learning disabilities you want to support.** | | | | | | |
| Tell us:   * where they live * How many people will you support? * How will you let them know about the project? | | | | | | | | |
|  | | | | | | | | |
|  | | **8. Tell us how you are**  **co-producing your project with people with learning disabilities.** | | | | | | |
| Tell us:   * Who has been involved developing the project? * How did you work with them? * How will they help run the project? | | | | | | | | |
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|  | **9. Tell us about your project.**  **Tell us how it will help the charter.** |
| Tell us:   * How you will use the money for each part of   the charter?   * Why is the money needed?   You can tell us more in your film | |
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|  | **10. Tell us how your project is new and different.** |
| Tell us how your project will find new ways to support and work with people with a learning disability. | |
|  | |
|  | **11. Tell us how your project will keep people safe from COVID 19** |
|  | |
|  | **12. Tell us about the good your project will do** |
| Tell us how you will make things better for:   * Your organisation * Volunteers * Communities * People | |
|  | **13. How will you show your project has worked?** |
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|  | **Section C**  **Money** |
|  | You need to tell us what you will do with the money. |
|  | Tell us about any **match funding** you have. You do not need match funding to get this grant. |
|  | Match funding is extra money for the project from other funds or grants. |

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|  | Tick if you are VAT registered |  |
|  | You cannot claim VAT with this grant. | |
|  | If you are not VAT registered you must give the costs including VAT. | |
|  | If anything costs more than £500 you need to have 2 quotes. | |

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| **What you are paying for:** | **How much (WITH VAT)** | **How much you are asking for** |
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| **Match funding** |  |  |
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| **Total** | **£** | **£** |

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|  | **Declaration** | |
| We are signing to say all the information in this form is correct.  If we are given a grant we will only use the money for the project we have told you about. | | |
| **Your organisation name** | |  |
| **Signed by** | |  |
| **Your role in the organisation** | |  |
| **Date** | |  |

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|  | **What next?** | |
|  | **checklist** | |
|  | **I have read all the notes and guidelines** |  |
|  | **I have answered all the questions** |  |
|  | **I have filled in the declaration.** |  |
|  | **I have kept a copy for me** |  |
|  | **I am sending my governing documents** |  |
|  | **I have sent my film** |  |

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|  | **Send your finished form to:**  PAVS  36/38 High Street  Haverfordwest  SA61 2DA  **Or email to:**  development@pavs.org.uk |
|  | **Data protection**  We keep your application in our records. We keep it safe and only share it with the decision panel and the funders.  We may tell other people about successful projects, but we will not share personal information. |