

**Winchester Supporting Families**

**Local Funding – October 2015**

**Application Form**

**1. Organisation details:**

|  |  |
| --- | --- |
| Organisation Name |  |
| Organisation address and postcode |  |
| Website |  |
| Brief description of organisation |  |
| Organisation’s stated aims and objectives |  |
| Are you applying with other partner organisations? If Yes, name the organisation(s) | Yes / No |
| Main contact name  |  |
| Position in organisation |  |
| Contact email address |  |
| Contact telephone number |  |

**2. Your Project:**

|  |  |
| --- | --- |
| Title of the project / service / activity to which this application relates. |  |
| Please indicate which, if any, of these locally identified priorities the funding will target – please highlight. | * Advice/support services for parents of teenagers
* ‘Light touch’ parenting support i.e. non-intensive
* Support for families affected by adult or child mental health issues
* Increasing access to specialist youth counselling services (i.e. below CAMHS threshold)
 |
| Please indicate which of the six Supporting Families criteria the funding will target – please highlight all that apply.**NOTE:** Please refer to the **guidance notes** or **Phase 2 Supporting Families Outcome Plan** for a detailed breakdown of each criterion. | * Education
* Crime and anti-social behaviour
* Children who need help
* Employment and risk of financial exclusion
* Domestic violence and abuse
* Families with health problems
 |
| Please give a short summary of the project / service / activity to which this application relates. |  |
| Please tell us what the project / service / activity will involve, how you will carry out the project to which this application relates and tell us what the funding will pay for if your application is successful. |  |
| Please describe the intended outcomes and benefits for identified families on the Supporting Families Programme.This should specifically highlight how the service will meet the Supporting Families Programme aims and objectives and how the service will meet the needs of vulnerable and targeted groups. |  |
| How precisely will the intended outcomes be measured? |  |

**3. Finance and Funding:**

|  |  |
| --- | --- |
| Please detail the costs required to carry out your project / service / activity and how the costs of the activities are calculated |  |
| Total funding requested | £ |
| Other secured funds | £ |
| What would happen if your grant was only partially awarded? |  |

**4. Documentation:**

|  |  |
| --- | --- |
| Please acknowledge whether you have the following documentation and state the amount of cover provided | Public Liability Insurance Yes / No Amount of cover:Employers Liability Insurance Yes / No Amount of cover:Indemnity Insurance Yes / No Amount of cover:Children’s Safeguarding Policy Yes / NoAdults Safeguarding Policy Yes / NoHealth & Safety Policy Yes / NoEquality & Diversity Policy Yes / NoVehicle Insurance Yes / NoConstitution Yes / NoBusiness Plan Yes / No |

**5. Declaration:**

|  |  |
| --- | --- |
| Application submitted by: |  |
| Position in organisation: |  |
| Date: |  |

**The deadline for applications is Monday 23 November 2015. Completed applications should be sent to** **lronan@winchester.gov.uk** **and copied to** **bambrose@winchester.gov.uk** **– no hard copies please**