

Elevate Slough Small Project Grants Application

Please complete this application with reference to the *Elevate Slough Small Grants Criteria* and *Elevate Slough Small Grants Guidance* documents.

Section One: General Information

Contact details

Organisation Name	
Organisation type (Please tick/yes)	Local authority..... Charity..... Private sector..... Third sector (please state type).....
	Charity no.
No. of employees in organisation	
Contact Name (person)	
Organisation full Address and Post Code	
Email Address	
Telephone Number	
How did you hear about Elevate Slough Small Grants bid?	

Section Two: Project Details

Please refer to Elevate Slough Small Grants Criteria and Guidance documents when completing the following.

Project Title	
Start Date	
End Date	
Supporting Stream 1 or Stream 2?	
Project Activity and Description (Summary of 150 words) [10 Points]	

Meeting Project and Client Need (Max 100 words) [15 Points]

Target Group and Client Recruitment (Max 100 words) [10 Points]

Employer Engagement (Max 100 words) [10 Points]

Expected Employability and Skills Outcomes (Max 100 words) [15 Points]

Customer Satisfaction (Max 100 words) [10 Points]

Client Reporting and Destination Tracking (Max 100 words) [15 Points]

Experience of Previous Delivery (Max 100 words) [15 Points]

Additional Information (Not scored)

<p>Please list any partners you will be working with and their proposed contribution.</p>	
<p>How else could your project be supported in the future without this funding?</p>	

Section 3: Funding

<p>Total Project Budget</p>	<p>£</p>
<p>Total Elevate Slough Small Grant Required</p>	<p>£</p>
<p>Any External Funding</p>	<p>£</p>

<p>Total Budget Breakdown (max 100 words)</p>
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<p>In Kind Resources / Staff Time</p>		
	<p>Contribution</p>	<p>Estimated contribution</p>
<p>Venue</p>		<p>£</p>
<p>Volunteers</p>		<p>£</p>
<p>Project Management</p>		<p>£</p>
<p>Administration</p>		<p>£</p>
<p>Partner Contribution</p>		<p>£</p>
<p>Equipment</p>		<p>£</p>
<p>Other</p>		<p>£</p>

Appendix: Due Diligence self assessment

Please complete the due diligence form below – this is required as part of completion of a contract. If it is subsequently found that any of the answers that you give are false, then Elevate Slough (Slough Borough Council) reserves the right to terminate without notice any contract that may exist between your organisation and Elevate Slough (Slough Borough Council) in the period of 15th February and 31st March 2017.

Compliance	
Please confirm that your organisation is registered under the Data Protection Act 1998 by providing your registration number and date of registration.	Yes : No – <i>Please confirm that you are willing to do so should this be a requirement of your contract.</i>
Please confirm your organisation has an Equal Opportunities policy including compliance with the Equality Act 2010.	Yes <i>(please attach)</i> No <i>(explain how you comply with Act – max 300 words)</i>
UKPRN number see page 3 of guidance notes)	UKPRN number:
Health and safety	
Please confirm your organisation has a Health and Safety policy.	Yes <i>(please attach)</i> No <i>(describe arrangements in place – max. 300 words)</i>
Have you been subject to any Improvement or Prohibition Notices or prosecution or been a defendant in any case brought under health and safety legislation within the last three years?	Yes <i>(please provide details)</i> No
If using your own premises please confirm your organisation has a policy for risk assessment for its premises.	Yes No Not applicable
Please confirm your organisation's insurance policies are currently in place.	Employer's liability Yes No If yes amount of cover: £ Public liability Yes No If yes, amount of cover: £

<p>Please confirm your organisation has a safeguarding procedure (including child protection where relevant).</p> <p>Please confirm relevant staff have received safeguarding training (including child protection where relevant).</p>	<p>Yes <i>(please attach)</i> No <i>(describe how safeguarding is assured within your organisation – max 100 words)</i></p> <p>Yes No</p>
<p>Please confirm your organisation has a CRB/DBS Policy including checking of relevant staff to ensure they are up to date.</p>	<p>Yes No</p>
<p>Please confirm that any grant/funding applied to the proposed service will not be used for any specific religious or political purposes.</p>	<p>Yes No</p>
<p>Finance</p>	
<p>Do you receive direct or indirect funding from the Skills Funding Agency?</p>	<p>Yes <i>(Last inspection grade:)</i> No</p>
<p>Please provide a copy of your audited accounts for the most recent year</p> <p><i>If, for some reason, your organisation is not required to produce audited accounts or an annual report then the Council may need visibility of your management accounts</i></p>	<p>Yes <i>(please attach)</i> No <i>(provide evidence of financial viability)</i></p>
<p>Do any of the following statements apply to any Directors of your Organisation or person responsible for delivering the proposed service</p>	
<p>Convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences</p>	<p>Yes No</p>
<p>Prosecuted for a breach of any statute relating to health or safety of employees or others</p>	<p>Yes No</p>

Declared bankrupt or insolvent either personally or as a Director or Partner of a Company that went into liquidation or receivership	Yes No
Served with a prohibition notice under the Health and Safety at Work Act	Yes No
The subject of a recovery action by Customs and Excise or the Inland Revenue	Yes No
The subject of a County Court Judgement (CCJ) within the past three years	Yes No
Conflict of interest	
Please disclose in the box below if anyone connected with the management/directorship/ownership of the business/group making this tender/funding application has any relationship with any councillor or employee of Slough Borough Council, or if any person works for the council in any way. If none please indicate.	

Name:		Position within applying organisation:	
		If employed by Slough Borough Council, position within the council:	
Councillor or employee's name:		Relationship with above person:	

Due diligence for potential suppliers

Signature

Signature: _____

Print name: _____

Date: _____

Position held: _____

On behalf of:
(Name of the organisation) _____

Elevate Small Grants February 2016 – March 2017

Application for Funding

I agree that to the best of my knowledge the information contained within this application is accurate and true.

Name:.....

Signature:.....

Role in project:.....

Date:

Completed application forms should be submitted for consideration to **City Deal Project Officer, Shanzeeda Chowdhury:** Shanzeeda.Chowdhury@Slough.gov.uk

Or by post:

**Shanzeeda Chowdhury
Community Learning
Slough Borough Council
St Martin's Place
51 Bath Road
Slough
Berkshire
SL1 3UF**