

**Local Groups Annual Grant Scheme**

Whether you want to try something new, or, due to popular demand, you’d like to bring back a successful event – we want to help! This grant scheme is designed to help you strengthen your networks, provide further opportunities for deaf children to meet and parents to support one another and to help raise deaf awareness in your local area.

So, if you’ve recently re-affiliated with The National Deaf Children’s Society and you’d like to apply for £500 read the following information ***carefully*** and return a completed application form (by email or post) by **Friday 6th of December 2019.**

**Eligibility**

***To be eligible for the grant local groups must:***

* Have re-affiliated with the National Deaf Children’s Society in 2018
* Have updated us with any relevant committee changes (see below)
* Adopt and put the local groups’ child protection policy into practice
* Have a minimum of 3 committee members with an up to date criminal record check
* Have an appointment Designated person (who has a valid criminal record check)
* Provide us with feedback on the impact of any grant money which you received from us last year by completing [this survey](https://www.surveymonkey.co.uk/r/LGgrant2019)
* Ensure that you have adequate insurance cover for any activities that you are organising (the Local Groups team can pass on contact details of our brokers, AJ Gallagher, who are happy to advise if needed)

**Terms and conditions**

***This grant can’t be used:***

* To fund an event or activity that has already happened
* To cover staff salaries
* For capital projects (e.g. repairs to a building, mobile phones etc.)
* To fund residential events where parents/carers are not present (as per Ofsted regulations)

***If your application is successful, please be aware that:***

* You must only use the grant for the project or activity which you have described in your application form
* You will be required to provide us with feedback on the impact of the grant later in the year
* We will not be liable for any damage or problems with equipment bought
* All funds must be spent within 12 months

***If you have any questions at all please contact us on:***

**Email** – localgroups@ndcs.org.uk

**Phone** – 020 7014 5919

**Post** – Local Groups Team, National Deaf Children’s Society, Castle House, 37 – 45 Paul Street, London, EC2A 4LS.

**We look forward to receiving your applications!**

**Annual Grant Application Form 2019**

**Please complete all sections of this application form and return it (by email or post) by Friday 6th of December 2019.**

**Group details**

Group name:

Contact name for this application:

Email address:

Telephone number:

**Bank details**

Bank name: (e.g. HSBC)

Bank account name: (e.g. Bath DCS)

Account number:

Sort code:

**Your application**

**Please tell us what you would like to apply for and how the money will benefit your group and members.**

**We’re really keen to try and connect more families together so that they can also benefit from the support your group offers. To what extent do you think you’ll be able to connect with more families with the help of this grant? *(NB.* *connecting more families not a requirement for the grant but helpful information for us to gather)***

**Budget**

**Please provide a breakdown of the costs of individual items that you would like funding for.**

|  |  |
| --- | --- |
| **Individual item** | **\*Total** |
|  |  |
|  |  |
|  |  |
| **Total amount of money you are applying for:** |  |

**\*If any cost is more than £250, please enclose a quote with your application (email from the service provider or screen shot of booking is fine)**

**Committee Details**

**To be eligible for the grant, a minimum of three committee members (including the designated person) must have an up to date criminal record check**. To allow us to cross check our records, list ***all*** of your committee members below.

Please continue on a separate paper if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee member** | **Role** | **Email Address** | **New member?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

We will we use this information to update our records and to help induct any new committee members.

**Grant agreement**

* We have read and understood the local groups annual grant scheme criteria, terms and conditions
* We can confirm that we have adequate public liability insurance for the event/activity that we are organising
* We will only use the grant for the event/activity that we described in the above application
* If successful in this application we will provide feedback on the impact of the grant when asked to do so

**\*By signing this form you are confirming that at least two committee members have discussed and agreed upon the contents of the application form.**

We confirm that to our best knowledge, the information in this application form is true and correct. If our application is successful, we agree to abide by these terms and conditions.

**Name:**

**Role:**

**Date:**

**Signature:**

**Name:**

**Role:**

**Date:**

**Signature:**

**Application Checklist**

**You may find it useful to follow this checklist before submitting your application form:**

|  |  |
| --- | --- |
| 1. Have re-affiliated with the National Deaf Children’s Society (2018)
 |  |
| 1. The National Deaf Children’s Society hold up to date details about our committee
 |  |
| 1. We have adopted the local groups’ child protection policy and put its recommendations into practice
 |  |
| 1. A minimum of 3 committee members have an up to date criminal record check
 |  |
| 1. We have appointed a Designated person and they have an up to date criminal record check
 |  |
| 1. We have completed the [feedback survey](https://www.surveymonkey.co.uk/r/LGgrant2018) about the impact of the grant which we received last year
 |  |
| 1. We have insurance cover for the activity that we are applying for funding for
 |  |
| 1. The activity or event we hope to fund has not happened yet
 |  |
| 1. The grant will not be used to cover staff salaries, fund capital projects or for residential where parents/carers are not present
 |  |
| 1. Two committee members have discussed and agreed upon this application form
 |  |

***You do not need to return this page; this is for your reference only.***