**Greater Manchester Mayoral Homelessness Fund**

**Application for Assistance**

**Important Information**

The GM Mayoral Homelessness Fund was established in 2017 to assist local organisations to tackle homelessness in all of its forms in our area.

The Fund is open to GM-based organisations with charitable aims and is targeted at activities which support homeless people to become independent, to build more fulfilling lives and to end street homelessness.

Please read the Fund Application Guidelines before submitting an application for more information on who can apply, which activities are able to be funded and which are ineligible for assistance.

Thank you for your interest and your commitment to tackling homelessness in Greater Manchester.

Please send this completed form to [GMHomelessFund@greatermanchester-ca.gov.uk](mailto:GMHomelessFund@greatermanchester-ca.gov.uk)

**SECTION 1 – ABOUT YOUR ORGANISATION**

Name of your organisation:

Address of your organisation:

Website:

Contact Telephone:

Contact Office Email:

Named Contact:

What type of organisation are you?

(select as many as appropriate)

\_\_\_ A registered charity \_\_\_ Company limited by guarantee

\_\_\_ Community Interest Company \_\_\_ Charitable Incorporated Organisation

\_\_\_ Unincorporated club or association

Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Which Greater Manchester Local Authorities do you operate in?

Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides.

**SECTION 2 – ABOUT YOUR GRANT APPLICATION**

Which Grant Programme are you applying for:

Small Grants Programme (under £1000) \_\_\_

Medium Grants Programme (£1000 – £2500) \_\_\_

Large Grants Programme (>£2500) \_\_\_

Describe the activity which this grant will support:

Which boroughs in Greater Manchester will benefit from this activity?

Please advise whether you have the support of the Local Authority in which you wish to carry out this activity. **Please note if you have not contacted the Local Authority this will not affect the outcome decision.**



What needs or gaps in current provision will your project address and what evidence have you collected to demonstrate this need?

What positive changes would this grant make to the lives of homeless people?

Please explain how you will measure and report on the positive changes made?

Please tell us about your organisation’s experience and the impact of your previous work; you may also want to tell us about the people involved in your project and explain why you are confident in their ability to make the project succeed.

How do you see this project/activity developing after this funding comes to an end, do you see this as a one off project/activity?

Please tell us why the cost of this project/activity cannot be met using your organisations existing funds?

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**SECTION 3 – IMPACT**

Describe the impact that your project will have

**Beneficiaries**

How many people do you think will directly benefit from this funding?

Info: (We realise that you cannot give exact figures but please estimate as accurately as possible. This information is important and will be used to evaluate the project at the end of the grant period)

**Beneficiary Groups**

Please select the beneficiary groups who will benefit from your grant. (You may select more than one category)

\_\_\_ Ex-Offenders/offenders/At risk of offending \_\_\_ Children young people

\_\_\_ Families/Parents/Lone Parents \_\_\_ LGBT Groups

\_\_\_ Men \_\_\_ Women

\_\_\_ People with multiple disabilities \_\_\_ People with alcohol/

drug issues

\_\_\_ People with Learning difficulties \_\_\_ People with mental

Health issues

\_\_\_ People with physical difficulties \_\_\_ Refugees/asylum

Seekers/immigrants

\_\_\_ Victims of crime/violence/abuse \_\_\_ BME communities

**Ethnicity**

Primary ethnic group – select a single option to represent the primary ethnic group for this grant

Please list any other ethnic groups who will benefit from your grants:

\_\_\_ White British \_\_\_ White Irish \_\_\_ White East European

\_\_\_ White Gypsies and \_\_\_ Other White \_\_\_ Mixed

Travellers

\_\_\_ Black Caribbean \_\_\_ Black African and \_\_\_ Asian and White

And White White

\_\_\_ Other Mixed \_\_\_ All ethnicities \_\_\_ Asian and Asian British

Ethnicity

\_\_\_ Indian \_\_\_ Pakistani \_\_\_ Bangladeshi

\_\_\_ Other Asian \_\_\_ Black and Black \_\_\_ Caribbean

British

\_\_\_ African \_\_\_ Other Black \_\_\_ Chinese or other group

\_\_\_ Any other

**Age Groups**

Please indicate the primary age group that will benefit from this grant:

\_\_\_ Young People(16-25) \_\_\_ Adults (26-65) \_\_\_ Seniors (65+)

\_\_\_ All Ages

**SECTION 4 – THE BUDGET FOR YOUR PROPOSAL**

What is the total cost of your activity? Please outline the breakdown of these costs:

(i.e. staffing, office costs, volunteering expenses etc.)

Please provide details if you are seeking or have secured additional funding from elsewhere for this activity:

Please provide details of any additional social value which this project may provide to Greater Manchester:

**SECTION 5 – SUPPORTING DOCUMENTATION**

**Supporting Documentation**

In order for us to verify the status of your organisation and to ensure that any awards are made in line with appropriate financial regulations, you will need to provide the following information in addition to your application:

1. A copy of your constitution/governing document/set of rules.
2. The contact details of at least 3 member of your management committee/board of trustees/board of directors.
3. A copy of a bank statement or other evidence of a bank account in the name of your organisation. The bank account must have at least 2 signatories. Alternatively, if you belong to a small organisation that does not have a bank account, then another charitable organisation can look after the funds for you, but you must provide written authorisation from the organisation that will do this.
4. A copy of your most recent annual accounts or financial records that show your organisations balance of funds, income and expenditure. If you do not have financial records covering a full year then you will need to provide the records you currently have.
5. A safeguarding policy if your organisation works directly with children or vulnerable adults
6. A copy of your volunteering policy.

Please do not attach these documents if you have sent then to us in support of a previous application within the past six months unless they have been amended in that time.

We also require the details of two referees who can verify and support the information contained in your application. Please provide these below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | **Referee 2** | |
| Name |  | Name |  |
| Position |  | Position |  |
| Contact Email |  | Contact Email |  |
| Contact Telephone |  | Contact Telephone |  |

**Declaration**

I confirm that the information given on the application form is true and my group has formally agreed that I can act on their behalf. I confirm that I have attached all necessary supporting documents.

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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