

Small Groups Funding 2025-26

OFFICE USE ONLY

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| Applicant Organisation |  |
| Project Name |  |
| **Application reference number:** | **ICB25/** | **Date Received** |  |
| **Amount Req (£)** |  |
| **Unsuccessful** |  |  | **Successful** |  |
| **Burnley** |  | **Pendle** |  | **Rossendale** |  |
| **Report(s) received for previous CVS administered funding** |  |
| **CVS feedback on completing this application** |  |

**Which key priorities does this application clearly demonstrate to address?**

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| **Burnley*** Respiratory diseases relating to housing conditions
* Obesity in children
* Healthy lifestyles including helping people stay or get back into work
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| **Pendle*** Healthy weight (childhood obesity and physical inactivity)
* Educational attainment/ readiness to learn
* Improved health support for children and young people
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| **Rossendale*** Community led mental wellbeing – enhancing the role of voluntary, community and faith sector organisations in improving mental wellbeing
* Physical activity and healthy weight - making it easier for people to be physically active and encouraging healthy weight.
* Increasing participation in physical activity in Whitworth with a focus on groups encouraging new members (and a target given in each application)
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Small Groups Funding 2024-25

**Application Form**

**Please read guidance notes**

# Application Form

**Please refer to the Guidelines to help you to complete this form.**

# Section One – Group Details

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| **Name of Group** |  |
| **Where is your group based? (address)** |  |
| **When was your group established?** |  |
| **How many people are involved in the group?** | **Committee** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |
| **Is your group part of a larger organisation? If yes, please provide brief details.** |
| **Legal Status** | **Charity Number** |  |
| **CIC Number** |  |
| **Constituted Group** | Yes / No |
| **Other** |  |
| **Signature** | **Name in Block Capitals** | **Position in Group** |
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# Section Two – Contact Details

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| **First Contact** |  |
| **Contact Name***Details of the person who is able to discuss this application.* |  |
| **Contact’s position within the group** |  |
| **Address of contact** (if different from group address)**Postcode** |
| **Preferred contact**Please enter your preferred method(s) of contact | **Email** |  |
| **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Second Contact** |  |
| **Name of second contact** *Details of the person who is able to discuss this application.* |  |
| **Second Contacts position within the group** |  |
| **Address of second contact****Postcode** |
| Please check preferred method(s) | **Email** |  |
|  | **Home** |  |
|  | **Work**  |  |
|  | **Mobile** |  |

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| **Group Bank/Building Society Name** |  |
| **Payment will be made by bank transfer.** **Please add BACS details** | **Account Name:****Sort Code:****Account Number:** |
| **Do you have at least two unrelated signatures on your bank account?** | **Yes / No***(Delete as appropriate)* |
| In accordance with GDPR the data you have provided will be stored safely and securely in BPRCVS’ file storage. The purpose of this data is for BPRCVS to access group/organisation details, including contact details, to determine the award of funding and inform of the decision. Your records are completely confidential and only BPRCVS staff and relevant volunteers will have access to them. We are required to share this data with the named funder for monitoring and evaluation purposes. No information will be shared with other third parties without prior agreement. BPRCVS will store this data no longer than our funder’s requirements. To view your rights as the Data Subject please visit BPRCVS’ privacy policy at [www.bprcvs.co.uk/index.php/privacy-policy](http://www.bprcvs.co.uk/index.php/privacy-policy), printed copies available on request. |

# Section Three – Project Details

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| Name of project? (max 25 words) |
| What would you like to do? (Suggested word count of 300 and 500 words) |
| 2b) What is your contingency plan? (300 words max)***What will you do should circumstances dictate that you are unable to carry out your original project? E.G. excessive wet weather preventing outdoor activities; or project lead no longer available. Your plan must meet the objectives and aims of your original project.*** |

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| How many people will benefit from this project?**Beneficiaries Volunteers** |
| How do you know this project is needed to address problems in your community? (max 300 words)*(Have you consulted with people in your community? Tell us about this)* |

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| Where will you be delivering this project? |
| When will you start delivering this project? |
| How long will a session be? E.g. 1 hour per session |
| How many sessions will you deliver? |
| Additional Information (max 300 words) |
|  Which district will the project be delivered in?Burnley PendleRossendale |
| Which common outcome for social prescribing will your project meet?Tick all that apply:**CREATIVE** – art classes, dance, singing, gardening, etc**CONNECTED** – peer support groups, neighbourhood help, fishing, knit and natter, faith groups, etc**ACTIVE** – keep moving, getting out of the house, volunteering and employment support, getting fitter, etc**SAFE** – housing debt, domestic abuse, falls prevention, benefits, etc |

# Section Four – Financial Details

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| Please provide a detailed breakdown of how Lancashire & South Cumbria ICB Award will be spent and enclose any evidence e.g. estimates, quotations **Please note there is a limit of 5% Management costsand 25% capital equipment costs** |
| ITEM | COST |
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|  | £ | P |
| How much money are you applying for? |  |  |
| What is the total cost of your project? |  |  |
| If your project costs more than the amount you are applying for, please tell us the total project cost and where the additional funding will come from and when you expect confirmation of additional funding. |

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| Section Five – Signposting Consent |
| The nature of your project will, from time to time, require referrals and partnership working. Please sign here to give BPRCVS permission to share your given details with relevant third parties only in connection with your project/group activities. |
| **Signature:** |  |
| **Date:**  |  |

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# Section Six – Equal Opportunities Monitoring

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| Name of Organisation  |  |
| Location of Activities |  |
| The above-named organisation is set up to develop and promote voluntary/community/faith sector activities. We recognise that, in our society, both groups and individuals have been, and continue to be, discriminated against. Therefore, we aim to secure genuine equality of opportunity in ALL aspects of its activities. The following statement aims to ensure that no group or individual receives less favourable treatment or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.The above-named organisation, opposes discrimination on the grounds of age, race, gender, status, sexual orientation, religion, disability, marital status, income or circumstances, language, HIV or other health related issues, and ALL forms of direct or indirect discrimination that restricts or hinders the promotion of equal opportunities. The organisation is committed to achieving equal opportunities in all aspects of its existence, by compliance with, and in the spirit and ethos of equal opportunities legislation. |
| **Signature** |  |
| **Date** |  |

#  Lancashire & South Cumbria ICB Funding

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| **DECLARATION, please ensure two non-related people authorised to sign on behalf of your group sign the application form – your application will not be accepted if two signatures are not received.** |
| I confirm that the information contained in this form is accurate. |
|  | First Representative | Second Representative |
| Name in block capitals |  |  |
| Signature |  |  |
| Position in group |  |  |
| Date |  |  |

# Application Checklist

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| **Have you included the following with your application?** |
| A fully completed application form | Yes | No |
| A signed copy of your group’s rules or constitution | Yes | No |
| A copy of your group’s annual accounts/financial breakdown/forecast | Yes | No |
| Proof of bank account | Yes | No |
| A copy of your group’s Safeguarding policy  | Yes | No |
| All other relevant documents | Yes | No |

# Please return your completed application form to:

**Lancashire & South Cumbria ICB Funding**

**BPRCVS**

**The CVS Centre**

**62/64 Yorkshire Street**

**Burnley**

**BB11 3BT Tel: 01282 433740 ex 1008/1018**

 **E-Mail :** **julie.overson@bprcvs.co.uk**

**We are happy to accept your application form and supporting documents via email. Please ensure you also send us a copy with your actual signatures on it. Without the original signatures we cannot give you a Panel decision – thank you.**

**Please also ensure you send the completed application and supporting documents in one email (or consecutive emails on the same day)**