Leeds Community Foundation

Programme Name
Round

Section 1 - Organisation

Organisation Name and Address Details

Name of your organisation
EXAMPLE APPLICANT 1

Address of your organisation

Street
51a St Paul's Street

Postcode
LS1 2TE

Website (leave blank if not applicable)

Telephone

General/Office Email

Main Contact Person
These are the details that will be used to communicate with you about your application

First name
Maria

Surname
Spadafora

Job title

Phone number

Email - please ensure this is correct as we communicate decisions by email
maria@leedscforg.uk

☑ Use organisation's address for correspondence

Organisation Start Date

Month	Year
05	2000

What type of organisation are you?

Select as many as appropriate

- [ ] Registered charity
- [ ] Company limited by guarantee
- [ ] Unincorporated club or association
- [ ] Community interest company
- [x] Charitable Incorporated Organisation — 00000000
- [ ] Other

Are you part of a larger regional or national organisation?

Please tick 'Yes' if you are part of a larger organisation, otherwise leave blank.

- [ ] Yes

Please provide your organisation's income over the last accounting year

80000

Staffing and volunteers

How many of each of the following are involved in the organisation?

Full time staff / workers	1	Part time staff / workers	3
Management committee or board of trustees/directors	6	Volunteers (excluding management committee)	25

Organisation

Briefly, please tell us about your organisation and what you do. (Max 250 words)

EXAMPLE: Our organisation runs a community centre in the Hunslet area of Leeds, offering a range of activities, projects and support for local communities. These include Lunch Clubs and coffee mornings for older people and adults with additional needs; carers/cared for people; a weekly Youth Club; a fortnightly Food-Pantry, and twice-weekly drop in sessions for people seeking advice/signposting with regards benefits, budgeting and energy efficiency.

Section 2 - Activity

Activity Details

Activity / project name (if you have one)
EXAMPLE APPLICATION 1

Please tell us the primary type of activity that you are applying for
Workshop

If applicable, please select a secondary activity type

Activity / funding start date
02/10/2023

Activity / funding end date
31/03/2024

Which area(s) (estate, town, village, ward) do most of the people who will benefit come from?
Leeds City, Hunslet, Beeston

Please provide the post code of where most of your activity will take place
LS10 2AR

Which local authority will the activity take place in?
Leeds

What would you like to do with your grant? (Max 350 words)

USE THIS SECTION TO HELP US UNDERSTAND YOUR FUNDED ACTIVITY. TELL US ABOUT THE TYPE OF ACTIVITIES YOU'LL DELIVER, INCLUDING INFORMATION SUCH AS HOW MANY SESSIONS/MEETINGS, HOW OFTEN, AND WHO'LL DELIVER THESE.

EXAMPLE: Over the 6 months we plan to deliver 24 coffee mornings for local residents at The Local Centre. The first month will focus on planning/promotion, followed by 24 weekly meet-ups lasting 2 hrs each. The mornings will offer refreshments, healthy snacks and a choice of arts and crafts activity and gentle exercise, with space for up to 40 people each week. Activities will include card making, paper craft, chairobics, yoga, etc delivered by qualified sessional staff, overseen by the project manager, and supported by 2 volunteers. Sessions will be on a ‘pay what you can’ basis meaning those who need to can access this for free, including all refreshments and activity materials. (112 words)

Why do you want to do this? (Max 250 words)

TELL US HOW THIS GRANT WILL HELP YOU RESPOND TO THE NEEDS AND WANTS OF THE PEOPLE YOU'LL WORK WITH. FOR EXAMPLE, YOU MIGHT HAVE CONSULTED PEOPLE, OR DELIVERED TASTER SESSIONS THAT RESULTED IN PARTICIPANTS ASKING FOR A PARTICULAR ACTIVITY TO RUN ON A REGULAR BASIS. TELL US WHY AND HOW YOUR APPLICATION MEETS THEIR NEEDS.

EXAMPLE: We work in an area where many households are on low incomes and/or benefits, including pension credit. Around 200 local people access a range of services at our centre each week. Many of them, particularly those who are over 65, have told us they often feel a bit bored and lonely, especially over the winter months. Some experience health issues, such as limited mobility and are recovering from or adapting to serious illness, such as strokes. We informally consulted 50 people over a three-week period, via conversations and short surveys, and the vast majority said they would welcome a weekly meet-up they can drop into without worrying about the cost. They also suggested ideas for activities they’d like to try. (120 words)

What will this activity achieve and how will you be able to tell? (Max 250 words)

USE THIS QUESTION TO TELL US ABOUT THE ANTICIPATED ACHIEVEMENTS AND IMPACT. THIS MIGHT BE ABOUT PEOPLE TRYING NEW THINGS, ENHANCING THEIR WELLBEING, AND SO ON. AND CONSIDER HOW YOU WILL CAPTURE THIS - YOU MIGHT RECORD THE NUMBER OF PARTICIPANTS BY KEEPING REGISTERS, UNDERTAKE SURVEYS AT THE BEGINNING AND END OF YOUR PROJECT, NOTE DOWN ANECDOTAL FEEDBACK, AND SO ON.

EXAMPLE: This activity will bring local people together to socialise and try fun activities that may be new to them. We anticipate this will lead to increased opportunities to meet and mix with other local people, improving social networks. Trying a range of arts and crafts activities that are fun, engaging and relaxing will help improve people's feeling of wellbeing, and, in some instances, enhance motor skills, dexterity and circulation. The chair-based exercise will enhance physical and mental health. We will record participation numbers with sign-in sheets at each session, and participants can complete an optional, anonymous monitoring form when they first join, which captures demographics. We will record the impact of sessions on participants in three ways: questionnaires that can be completed in writing or verbally, noting down anecdotal feedback/quotes, and taking photos/gathering vox pops. We will also ask volunteers to give feedback, and sessional staff will complete a short, written report. We will document at least one anonymous case study in more detail. Full permissions will be sought where required. (171 words)

Please list any partner organisations who are involved in the application (Max 100 words)

IF YOU ARE WORKING IN PARTNERSHIP WITH OTHER ORGANISATIONS, BRIEFLY TELL US WHO THEY ARE, WHERE THEY ARE LOCATED, AND HOW THEY WILL BE INVOLVED.

EXAMPLE: We don't have a formal partnership in place, but have good links with Local Group A, in Hunslet, who help promote and often signpost people to our various activities. We also have good links with Local Service B, in Beeston, and are able to signpost our centre users to their support where needed. (53 words)

What experience, links and networks do you have that will help you deliver? (Max 250 words)

EXAMPLE: We have been delivering a range of services and sessions for local people from The Local Centre for more than 20 years, know our communities well, and our staff team have a wealth of skills and experience, including care work and project management experience. Our volunteers are local, bring a range of skills, and have a good understanding of local need. We have also delivered similar activity before with excellent results. Experienced, qualified sessional workers will be recruited. All sessions and activities will be fully risk assessed, with individual risk assessments for anyone with specific support needs. (97 words)

What will happen after the funding ends? (Max 200 words)

USE THIS QUESTION TO TELL US IF THIS IS 'ONE OFF' ACTIVITY, OR IF FURTHER FUNDING WILL NEED TO BE SECURED SO IT CAN CONTINUE AFTER THIS GRANT ENDS. YOU MIGHT ALSO NEED TO CONSIDER HOW THE PARTICIPANTS WILL BE SUPPORTED SHOULD YOU EXPERIENCE A GAP IN FUNDING.

EXAMPLE: We have also applied to Funder One and, if successful, can continue this programme for an additional 6 months. As this programme will deliver a range of 'taster' activities for people to try, if there is an appetite for particular activities to be sustained we will explore options to deliver a longer programme, seeking funding from health, wellbeing and creative funders such as Funder Two and Funder Three. We are in the process of setting up our own Local Giving page, which we anticipate will attract £100 to £500 per year in donations. Funds will also be contributed from our annual card sale and raffle (anticipated income of £250). (107 words)

Please tell us about the issues you will address through your activity

Primary issue

Wellbeing

Other issue

Isolation and loneliness

Budget

What is the total cost of the activity (excluding the financial value of in-kind contributions)?

6091.60

How much has been raised so far?

0

How much money are you applying to us for?

4951.60

If applicable, how will you fund the rest of the activity costs? (Max 250 words)

We anticipate income of approximately £240 from 'pay what you can'
We are covering the cost of room hire and management overheads from our reserves (classed as 'in-kind)

What will you do with our grant if you don't have all of the above funding in place? (Max 250 words)

Any shortfall will be covered from our reserves

Staff Costs

Please use the breakdown to outline direct costs for the different staff paid from this grant, indicating whether they are freelance or PAYE. Breakdown Example: freelance session workers x 2 @ £15 per hour x 4hrs per week x 6 weeks = £720

Requested amount	Breakdown
3790	Project manager (PAYE) £910 (@£14ph inc employer NI x 2.5hrs x 26 weeks) Two sessional staff (freelance) £2,880 (2 staff x 24 x @£60 per session inc planning, prep, delivery, set/clear up)

Total cost

3790

Volunteer Costs

Please use the breakdown to outline direct costs. Breakdown example: Travel expenses for 3 volunteers @£5 per session x 20 sessions = £300

Requested amount	Breakdown
201.60	Estimated Volunteer expenses based on two people £201.60 (travel @£4.20 x 2 x 24)

Total cost

201.60

Operational/activity costs

Please use the breakdown section to summarise these costs, along with the amounts. Example: Room Hire £20 x 20 sessions = £400

Requested amount	Breakdown
960	Materials/resources £240 (£10 x 24 to include card, paper, pens, glue, etc) Refreshments/snacks £960 (£40 x 24)

Total cost
1200

Office, overhead, premises costs

Please use the breakdown section to summarise these costs, along with the amounts. Example: Proportional contribution to Organisation's Insurance (10% of £600 per yr) = £60

Requested amount	Breakdown
0	IN KIND - Room hire £900 (24 x 2.5 @£15ph) - not requested from grant IN-KIND - Management overheads @10% £609.16 - not requested from grant

Total cost
1509.16

Capital costs (Equipment)

Don't forget to attach quotes for any items costing £500+

Requested amount	Breakdown
0	N/A

Total cost
0

Publicity costs

Please use the breakdown section to summarise these costs, along with the amounts. Example: Social Media promotional boost = £50; Leaflet design = £150; Leaflet print (based on 200 x A5 on recycled paper) = £150

Requested amount	Breakdown
0	Posters and email bulletins will be produced in-house and shared with our contacts and mailing list, at no cost.

Total cost
0

Access and any other costs

Access costs can cover anything that helps reduce barriers, so people can take part in your activities, such as BSL, childcare, travel costs, etc

Requested amount	Breakdown
0	Not required. People with support needs are welcome to attend with carers/support workers, at no cost to them.

Total cost
0

Section 3 - Impact

Outcomes and Indicators

Please select at least one outcome that you want to achieve as a result of your activity. You can select more if they are relevant, but we do not have expectations about the number you select. The most important thing is that the outcomes accurately reflect your proposed activity.

When you select an outcome, a number of indicators will display below it. These are the things that could help you to tell whether you have achieved the intended outcome.

If your application is successful, the outcomes you have selected, and the associated indicators, will be included in the end of grant reporting form. For each of your selected outcomes, you will be asked to report on the indicators relevant to your activity.

You will not need to report on all of the indicators associated with your chosen outcome(s), only the relevant ones.

Select the primary outcome for your activity

Improved mental health and wellbeing

Number of people reporting improved mental health or wellbeing
Number of people reporting increased self-esteem and confidence
Number of people reporting that they have improved self care and self-management

Select the second outcome for your activity

Reduced levels of loneliness for individual people

Select the third outcome for your activity

Select the fourth outcome for your activity

Please tell us about the people who will benefit

How many people will benefit directly? This is the number of people who be directly involved, for example by attending sessions or receiving visits.

40

How many people will benefit in total? As well as people benefiting directly, this may include other people who will benefit. For example, their family members or people viewing information you make public.

100

Primary group who will benefit

Older people

Other group who will benefit

People living with learning disabilities

Please tell us about the age groups of the people who will benefit

Primary age group
Older People (e.g. 66+ years)

Other age group
Adults (e.g. 26-65 years)

Please tell us about the ethnicities of the people who will benefit

Primary ethnicity
White: English/Welsh/Scottish/Northern Irish/British

Other ethnicity
Asian/Asian British: Any other Asian background

Please tell us about the genders of the people who will benefit

Primary gender
All genders

Other gender

Please tell us about the sexual identities of the people who will benefit

Primary sexual identity
Open to all

Other sexual identity

Section 4 - Bank Details, Referee and Supporting Documents

Bank Details

This is the bank account that any grant awarded would be paid into and must be for an organisation.

Bank name
FICTIONAL BANK

Bank account name
FICTIONAL ACCOUNT NAME

Bank sort code
000000

Bank account number
12345678

Building Society Roll Number (if required)

Names of signatories: List the names of all bank account signatories and confirm the number of signatories required for authorisation of transactions from your account. Please state if any are related or living at the same address.

TRUSTEE ONE
TRUSTEE TWO
CENTRE MANAGER ONE
Two signatures are required to authorise payments. No signatories are related or live at the same address.

Referee - only required for organisations that have not previously applied to Leeds Community Foundation

Please include details of an independent referee: someone who knows your organisation and has seen your work in a professional role but is independent of your organisation (i.e. not a trustee, director or staff member).

Referee first name

Referee surname

Referee organisation

Referee job title

Referee email

Referee phone number

Supporting Documents

Please attach the following documents using the "**attachments**" button at the end of this form or by clicking on "**Add document**" below.

1. List of names of Board Members and CEO or equivalent, including a statement to note whether any are related or living at the same address
   (Board Members in this instance could be a Board of Trustees, a Board of Directors or a Management Committee)
2. Income and expenditure: audited or examined accounts for last financial year
   If you don't have audited/examined accounts yet, please upload a copy of draft accounts and a copy of the audited/examined accounts from the previous year.
   If you are a new organisation or a new incorporated group/association, please upload a copy of your income and expenditure to date including any assets or reserves.
3. Copy of your governance document (e.g. constitution, memorandum or set of rules)
4. Three quotes for any single items of capital expenditure with a value of £500 or greater, if you have included any in your budget.
5. Safeguarding policies / procedures (for more information on what we expect to see in safeguarding documents, see below).

If you have submitted these in the last 12 months, you do not need to do so again, unless the information has changed.
If there is an issue with attaching the documents, please contact the Grants Team at grants@leedscf.org.uk or 0113 242 2426.

If you are going to be working with children and young people you must have a Safeguarding Children Policy / procedure. If you are going to be working with adults considered at risk you must have a Safeguarding Adults at risk policy / procedure. When reviewing your safeguarding documents, we will be looking for the following:

1. The organisation carries out the checks where required through the Disclosure and Barring Service at the appropriate level on paid staff and volunteers
2. Definitions of abuse and signs of abuse
3. Reporting procedure in case of disclosure
4. Named Safeguarding Officer

5. Training on Safeguarding including refresher training and how updated policies and procedures are shared with the team
6. Confirmation that the policy and procedure is reviewed annually

Find information and advice on writing a safeguarding children policy here, and a safeguarding adults at risk policy here.

Add document

Do you have a child / vulnerable adult safeguarding policy? (leave blank if not)

☑ Yes

Do you have an equal opportunities policy? (leave blank if not)

☑ Yes

Feeback

How did you find the application form?

Easy to complete no problems

Any further comments (Max 100 words)

How did you find out about this fund? (Max 50 words)

Declaration

"We give permission for Leeds Community Foundation to record and process the information in this form electronically and in paper form and to contact our organisation by phone, mail or email with regard to this application. We agree that this information can be shared with the funder and members of the decision-making panel, as well as other funders who may want to support the activity.
We understand and agree that should we be successful, we will also be required to sign a **funding agreement** and provide a copy of a **bank statement** for the account which we wish the grant to be paid into (if we have not already done so for a previous application)."
For more information about how Leeds Community Foundation stores and processes your information securely please see our Privacy Policy http://www.leedscf.org.uk/privacy-policy/.

Please tick this box to confirm that you agree with the above declaration and give permission for Leeds Community Foundation to record the information in this form.

☑ Yes