



LDCSA
Together we rise

Grant Funding Application - 2021

Criteria for Allocation

Each year a LDCSA Mission and Outreach fund will be allocated by the trustees and they will consider applications from non-profit organisations, predominantly from within the geographical area of the Diocese of Liverpool, that fall in line with the objects and vision of the charity. The amount allocated each year will be decided at the AGM of the previous year.

LDCSA's vision is to see potential realised and hope restored for lives impacted by the criminal justice system.

The objects of the LDCSA, as stated in our governing document, are to advance education, relieve poverty and to promote any other charitable purpose carried out in connection with the Church of England Diocese of Liverpool and in particular those that support:

- a) *Safe, full and hopeful lives for the individual, family and community*
- b) *Lasting personal change and relief from distress for lives, particularly women, impacted by addiction, crime and the criminal justice system*
- c) *Conversations and advocacy around criminal justice reform*

General Considerations

- We want to support projects so generally do not pay for salaries or on-costs
- We are particularly interested in projects that can be replicated elsewhere
- We would like to be able to make connections to work already in existence so please do help us to understand how you relate to other charities and organisations
- Please see this application as an opportunity to get your idea off the ground. Our fund is limited so we cannot promise to fund your project in any future year.
- We would like projects to relate to the mission and purpose of the Diocese of Liverpool so please let us know which church, school or chaplaincy you may be connected to and how this project relates to this community.

Deadlines

The LDCSA will consider applications three times a year (in Jan, May, Sept). Complete applications should be emailed to admin.ldcsa@ldcsa.org.uk or via post (Clare Blackburn, LDCSA, St James House, 20 St James Road, Liverpool, L1 7BY) **by the first day of each of these months.**

Applications can be discussed in advance with the Chair of Trustees, Paul Holt. Please contact admin.ldcsa@ldcsa.org.uk

Application

Please complete all sections and please do not attach any additional sheets to this form. We may request additional information at assessment. Please note the word count.

SECTION A: ABOUT YOUR ORGANISATION

Name of organisation:

Contact address:

Postcode:

Contact names and details:

	Main Contact	Alt. Contact
Name:		
Position:		
Telephone:		
Mobile:		
Email:		

What are your organisation's main or current activities?

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Is your organisation:

A registered charity?

Charity Number:

Applying for charitable status?

A company limited by guarantee?

Company Number:

Other (e.g. social enterprise, playscheme, residents' group, CIC):

When was your organisation established?

Year:

Month:

Are you part of, or affiliated to, a larger organisation?

YES / NO

(If yes, please give details, including head office address)

How many people are involved in your organisation?

Full time paid staff:

Part time paid staff:

Management Committee members:

Volunteers:

What was your organisation's total income last year

2018/19

Notes:

Bank account details: (This should be an account in the name of your organisation with at least two signatories.)

Name of Bank/Building Society:

Account Name:

Account Number:

Sort Code:

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If you are successful in your application, to whom should the cheque/BACS payments be made payable? (NB This should be an organisation, not an individual. If you do not have a bank account for your organisation, please provide details of a community organisation that will accept the grant on your behalf.)

SECTION B: ABOUT YOUR APPLICATION

B1. Which of our priority areas are you applying under? Tick any that apply

Promoting healed, full lives

Recovery from addiction

Relief from abuse

Integration into community life

Project Name (not the name of your organisation):

Please describe your project_(max 250 words)

Who will be the main beneficiaries of your project? (Max 50 words)

How does the project meet the priorities you have chosen above? (Max 200 words)

When will the project take place?

Start Date:

End Date:

Please give an estimated number of beneficiaries for this project:

B2. Please tell us how the need for the project was identified (Max 250 words)

B3. Please tell us about the positive impact the project will have on the people taking part (Max 250 words)

B4. How will you monitor the progress of the project and evaluate its success? (Max 150 words)

SECTION C: FINANCIAL INFORMATION

C1. Have you ever received grant funding before from us or any other funder?

YES / NO

C2. How much are you requesting?

£

C3. Are you seeking further funds from any other organisation?

YES / NO

If yes, please give details of the amount and when the outcome will be known:

Organisation	Amount applied for	Date of outcome

C4. Please give details of the costs for the project:

(please break down as appropriate e.g. hourly rates, hours per day/week etc)

	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
	£
TOTAL	£

Please attach suppliers' or providers' cost estimates or quotations if available.

DECLARATION

Before signing the declaration, please ensure you have completed all the sections in this application form, and that you have enclosed the documents requested on the checklist below where applicable.

**PLEASE NOTE YOUR APPLICATION CANNOT BE PROCESSED
WITHOUT A SIGNED DECLARATION.**

1. Please enclose the following documents with this application (tick boxes on the checklist):

The constitution / set of rules of your organisation

Your organisation's latest annual accounts, or income/expenditure statement for the last 12 months

A copy of your organisation's most recent bank statement OR letter of confirmation from a community group that will accept funds on your behalf

A copy of your organisation's Safeguarding Policy if your organisation works with children, young people or vulnerable adults

2. I am an authorised representative of the organisation. To my best knowledge, the information provided in this application form is correct.

Signature

Print name

Position in Organisation

Date

Please return this form as a WORD document via email to admin.ldcsa@ldcsa.org.uk

**PLEASE NOTE: Forms sent in other formats may not be processed
Supporting documentation can be sent to the email above or contact Clare Blackburn
on the above email for a postal address.**