**Solihull Change into Action (CiA) Application Form**

**Section 1 - About your organisation**

**1. Main contact for this application and their role in the organisation:**

1. **Name of the organisation applying for the grant:**

1. **Full address, including postcode:**

**4. Address for correspondence** (if different to above)

**Contact telephone / mobile number and e-mail.**

Please identify **how** and **when** it would be best to contact you.

**Tel:**

**E-mail:**

**Best Contact:**

1. **What type of organisation are you?**

|  |  |
| --- | --- |
| **Registered charity, if yes give your number** |  |
| **Limited company, if yes give your number** |  |
| **Unincorporated club or association** |  |
| **Community Interest Company/Social Enterprise** |  |
| **Part of a larger regional of national organisation** |  |
| **Other, please specify** |  |

**Section 2 – About your Bid**

1. **What is the name of your Bid? Please state if you bidding to support an individual?**

**7. What project, activities or items do you want us to fund?**

**[Word Limit = 250 words]**

**8. When will the activity take place?**

**Start Date: End Date:**

**Is the Start Date flexible - Y / N** (Please circle)

**9. Please describe how your project or intervention will proactively support rough sleepers to move away from the streets or help those at risk of rough sleeping to avoid homelessness.**

***Please detail why this intervention is needed and how the proposal will address identified needs / issues, making reference to the funding guidelines where applicable***

***[Word Limit = 750 words]***

**10. Please detail the key actions required, when they will be achieved and what impact they will have.**

You will be required to provide progress monitoring and an evaluation exit report with appropriate evidence to verify the outcomes of your project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Action(s)** | **Start Date** | **End Date** | **Impact / Outcome**  How will you know if your project / intervention has been successful? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**11.** **Please detail any potential risks to the success of your project / intervention and how you plan to control / remedy them.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Likelihood of Occurring** | **Severity of harm** | **How will you control / remedy this risk?** |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |

**12**. **Please give the budget for the proposed activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | | **Income** | |
| **Item** | **Cost (£) inc. VAT** | **Other Confirmed Funding** | **Amount**  **(£)** |
|  |  | *Eg. Own funds, Lottery grant* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** (A) |  | **Total** (B) |  |

(C)

**13. Funding required from the CiA Small Grants Scheme:**

**14. If the any other funding included in the budget is not yet confirmed,** **please detail how you would fund the outstanding balance. Please all provide details of other alternative funding that has been sought, including in-kind contributions.**

**[Word Limit = 250 words]**

**Section 3: Declaration**

**I declare that the information in this application is to the best of my knowledge true and accurate:**

**Name (Printed):**

**Position in organisation:**

**Signature:**

**Date:**

**When completed, please return the signed application form, supporting documents (see guidance notes) and any relevant additional information to** [**solihullcia@solihull.gov.uk**](mailto:solihullcia@solihull.gov.uk)**.**

**You may be asked for further information in support of your application.**