**It is recommended that you contact a member of CRT staff to discuss your project before completing this form. Please provide the name of the CRT staff member you discussed your project with:**

|  |
| --- |
|  |

1. **ORGANISATION DETAILS**
2. Organisation Name:

|  |
| --- |
|  |

1. Organisation Address (inc. Postcode):

|  |
| --- |
|  |

1. What is the structure of your organisation? (tick all that apply)

|  |
| --- |
| * + Unincorporated Group/Charity
 |[ ]
| * + Company Limited by Guarantee
 |[ ]
| * + Charitable Incorporated Organisation
 |[ ]
| * + Community Benefit Society
 |[ ]
| * + Co-operative Society
 |[ ]
| * + Other (please state)
 |    |

|  |  |
| --- | --- |
| If applicable what is the registration number(s)? |  |

|  |
| --- |
|   |

1. When did your organisation start?
2. What does your organisation do and who are the beneficiaries?

|  |
| --- |
|  |

1. **BANK ACCOUNT DETAILS**

|  |  |
| --- | --- |
| **Tick this box to confirm you have a bank account in the name of the group, with at least two unrelated bank signatories.** | [ ]  |

1. **STAFF AND VOLUNTEERS**

|  |
| --- |
|    |

1. How many volunteers does your organisation currently have?
2. How many paid members of staff do you have?

|  |  |
| --- | --- |
| * Full Time:
 |   |
| * Part Time:
 |  |

1. **PROJECT**
2. Project Name:

|  |
| --- |
|  |

1. Coalfields wards benefiting from the project:

|  |
| --- |
|  |

Funding we award must show clear targeting and benefits for an eligible coalfield community. Information on eligible wards can be found on our [website](https://www.coalfields-regen.org.uk/wales_support/funding-wales/). If required, contact us for further information and guidance on eligible areas.

1. What would you like us to fund?

Please note the funding needs to link to our outputs.

|  |
| --- |
| *Please provide a breakdown of what you would like us to fund and indicate when you expect the project to begin and end (project must be completed within 12 months).This must take into account the time it takes to process your application. Please discuss this with a member of our staff if you are unsure.* |

**Indicate which of the following outputs you plan to achieve, if your project is funded. Outputs must be directly linked to the CRT grant funded items and be attributable to the project. Evidence supplied must be obtained and shared in accordance with data protection. E.g. We do not require photos with people, personal data can be redacted from bank statements etc. and although participants should be informed their details may be shared with us, ID numbers can be used on registers instead of names.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your planned outputs** | **Planned Total** | **Definitions** | **Evidence**  |
| Social enterprises created/supported |  | A social enterprise is an organisation that sells goods and/or services on the open market and reinvests profits back into the organisation. | A copy of annual accounts.  |
| Number of community facilities created / improved including Welfare Halls & energy efficiency measures. |  | These are facilities delivering services to the local community. The improvements will increase the potential or actual market value.  | Receipt / bank statement showing the payment of work. Photographs of work completed  |
| Number of services created / improved.  |  | This could include health programmes, training programmes, employment and back-into-work initiatives, transport services childcare services etc. (if unsure contact us).  | Copies of promotional material, timetable of service(s) |
| Number of jobs:  | Safeguarded: | Must be paid work for at least 6 months. Part time jobs can be calculated on a pro-rata basis (Full Time Equivalent (FTE) = 30 hours a week) i.e. a 15 hour a week job counts as 0.5 FTE. | Recruitment details (advert) for new posts. Payslips and National Insurance number. Staff recruited should be made aware we require certain details as evidence. Names can be redacted. |
| Created:  |
| Number of people assisted into work. | No. of Full Time | People moving from unemployment to full time employment (30 hours+) / part time employment (29 hours or less) / self-employment (including zero hours contracts) as a result of participating in this project (please indicate which type alongside figures).Where the contract is expected to last for a minimum of 6 months and is a consequence of training, advice or other targeted assistance delivered as a result of Trust funding. | Copy of the appointment letter from the employer (house number and postcode for the individual to be visible – the remaining personal details can be redacted) or a letter from the employer confirming appointment. Individuals should be made aware this information is required by us as evidence.  |
| No. of Part Time |
| No. of Self Employed |
| Number of people assisted in skills development. |  | Minimum of 6 hours of training. Activities include: vocational / job specific training or volunteer training. | Copy of attendance registers. Records showing times and periods. Copies of certificates.  |
| Number of people gaining Level 1 or 2 qualifications. |  | Level 1 or above qualifications. For further information and advice please visit: [Credit and Qualifications Framework for Wales](https://gov.wales/sites/default/files/publications/2022-03/220323-cqfw-brochure.pdf). | Name of the person and the qualification they have gained from the provider. Copy of the qualification awarded.  |
| Number of new volunteers. |  | At least once per month over the past 12 months. *If you feel volunteering has made a benefit to the individual and there is a likelihood that the volunteering will continue then can use once a week for 6 months.*  | Volunteers' names, date recruited, type of volunteering role, attendance records.  |

**More outputs on the next page.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your planned outputs** | **Planned Total** | **Definitions** | **Evidence**  |
| Number of people participating in healthy lifestyle activities. | Existing: | People participating in physical activities to improve their health and/or wellbeing.  | Numbers of participants signed up and participation rates of new starters e.g. attendance register.  |
| New: |
| Number of asset transfers supported. |  | Community asset which has been transferred to community ownership (i.e. full repairing and insuring lease) within the last 12 months, or is in the process of being transferred. | Copy of lease/heads of terms, land registry information. |
| Number of organisations supported to tackle climate change. |  | Any eligible organisation which is taking positive action to reduce greenhouse gases, build resilience to climate change or supporting the green economy in Wales through supply chains, skills and training. | Evidence of energy efficiency improvement measures undertaken, climate change adaptations or skills and training undertaken. |

1. Please explain what you have based the above output calculations on.

|  |
| --- |
|  |

1. **BUDGET:**

|  |  |
| --- | --- |
| 1. Total project cost:
 | **£0.00** |
| 1. CRT grant requested (£500-£7,000):
 | £0.00 |
| 1. Amount of match funding required (A-B=C):
 | £0.00 |

1. If you are not applying for the full cost of the project, how will you fund the shortfall (match funding)? Please provide a breakdown showing how figure C will be funded, include whether this: has been applied for; is already secured; or has yet to be applied for.

|  |
| --- |
|  |

1. **CONTACT DETAILS**
2. **Primary Contact (should not be a direct beneficiary of the grant)**

Your details will be shared internally to process your enquiry and contact you about the Coalfields Community Grants programme. Further information can be found in our Privacy Policy on our website [www.coalfields-regen.org.uk](http://www.coalfields-regen.org.uk)

* Primary contact name:
* Position in organisation:
* Full contact address (inc. Postcode) if different from the organisation address:

|  |
| --- |
|  |

* Telephone number:
* Email:
* Date:
1. **CHECKLIST**

|  |
| --- |
| **Tick this box to confirm you meet the eligibility criteria, have authority to represent the group and can submit an application on their behalf** |[ ]
| **Tick the boxes below to confirm the documents are included with this form:** |  |
| * Constitution/Governing Document showing the project meets your organisational objectives and containing an appropriate dissolution clause. Please note these documents must match those on file with the relevant registrar where applicable e.g., Companies House, Charity Commission, FCA and all relevant filings are up to date.
 |[ ]
| * Annual Accounts less than 22 months old or in line with your reporting requirements. For new groups please note we will require financial forecasts for the first 24 months of operation.
 |[ ]

For further information or advice, please visit our website

<https://www.coalfields-regen.org.uk/funding-and-programmes/wales-support/>

or contact us on: 01495 367 680

Please return completed forms along with your constitution/governing document

and annual accounts or financial forecast to:

 wales@coalfields-regen.org.uk

**or**

**The Coalfields Regeneration Trust, Aneurin Bevan House, 40 Castle Street, Tredegar, NP22 3DQ.**

**Following receipt of this form you will**

**normally hear from us within ten**

**working days.**

 



*The Coalfields Regeneration Trust is a Charity registered in England and Wales (No. 1074930), a Charity registered in Scotland (No. SCO39277) and a Company Limited by Guarantee registered in England and Wales (No.3738566). The Registered Address is 1 Waterside Park, Valley Way, Wombwell, Barnsley, South Yorkshire, S73 0BB. Telephone 01226 270800.*