

Safe Space Small Grants Programme Application Form

About this form

If you have downloaded this form from our website or received it by email you can type directly into it and save your answers. You must not change any of the questions or alter any part of the form. If you do, we will not accept your application. If you are using a paper form please write clearly in black ink or type.

Please note that we purposely have a word limit to allow applicants the space to give us the information necessary to explain the project and the need for funding, but please keep answers relevant, clear and succinct.

Further information regarding the grant giving programme, attachments and the Application Form can be found on Grant Funding part of the Safe Spaces web page: https://www.safespacesenglandandwales.org.uk/grant-funding/

Applications should be made by submitting the electronic application form to: safespacesgrants@victimsupport.org.uk

Deadline

The deadline for Applications to the fund is 30th July 2021.

Grassroots organisations: We particularly seek to fund emerging local groups, as well as internet based groups and other not-for-profit organisations whose focus is on supporting victims of church base abuse. We will look especially favourably on small organisations with a low annual turnover.



| | Safe Space Small Grants Programme Application Form | |
|----|--|--|
| 1. | Name of applicant: | |
| 2. | Address: Please indicate if this is a personal or organisational address | Post code: |
| 3. | Telephone number : | |
| 4. | Email address: | |
| 5. | Are you a constituted group Y/N? | |
| | Bank Account details details of organisation receiving funding on our behalf (attach letter confirming this)] | Name of organisation: Account number: Sort code: |
| 7. | Geographical area – | |
| 8. | Project /activities title: | |
| 9. | Project /activities description: [maximum word limit: 100] | |



| 10. The need for your project - how do y | you know your project is needed and why you think this: (maximum word |
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| 11. Who are your target beneficiaries w | ith this project and how many people do you expect to reach? |
| [Beneficiaries are the people that will be ab | |
| [Beneficiaries are the people that will be ab [maximum word limit:150] | |
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| 12. How will the people who are in your group benefit from what you want to do? [maximum word limit:150] |
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| 13. Explain how will you address the key themes of this grants programme for survivors of church related |
| abuse: (maximum word limit: 400] |
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| 14. Ho | w will vour ensure vour heneficia | ries are safequarded? | |
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| | w will your ensure your beneficia | • | |
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| | additional safeguarding policy will h | | |
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| 15. Project cost - What is the total cost of your project? |
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| Give a detailed budget for what you want to spend – feel free to add your own budget template or just the |
| format below. Here are some suggestions of possible costs however, please feel free to add your own. |
| Tormat below. Here are some suggestions of possible costs however, please reel free to add your own. |
| |
| |

| Proposal Expenses | | |
|------------------------------|------|--|
| Expenditure Item | Cost | |
| Venue hire | | |
| Refreshments | | |
| Publicity | | |
| Stationery | | |
| Phone calls | | |
| Equipment (hire or purchase) | | |
| Website costs | | |
| Transport | | |



| Insurance | |
|-----------------------|--|
| Safeguarding training | |
| First aid kit | |
| Sessional worker fees | |
| | |
| Total Cost | |

| 16. | Sustainability- What happens to the project/activities at the end of the grant period? [maximum word limit: 250] |
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| 17. How will you ensure that your group me | mber's personal information is kept confidential? | | |
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| 18. Please submit the name of two referees who know your group and can comment on the activities you are proposing: see Reference Forms | | | |
| | | | |
| Declaration and Authorisation I declare that the information supplied in this application is true and that any grant funding received from the Safe Spaces | | | |
| Small Grant Programme will be used for the purposes described in this application form. | | | |
| | | | |
| Name of person | Date: | | |
| Position | On behalf of: | | |



| Application Checklist - Please ensure you submit all relevant Documents | Included (tick) |
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| Constitution | |
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| Project Budget | |
| | |
| Bank Account details of agency receiving money on your behalf and letter from them confirming this | |
| | |
| Completed Reference Form | |
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| Safeguarding policy | |
| | |
| Confidentiality Policy | |