

**REVENUE PROJECT FUNDING**

**STAGE ONE APPLICATION FORM AND GUIDANCE NOTES**

**Name of LEAD Organisation: Year Organisation Established:**

**Contact Name: Position Held:**

**Address:**

**Contact Phone Number:**

**Email: Website:**

**Name of partner organisation(s) if applicable:**

**Total amount requested: £ Term requested:**

**Name of project:**

**Summary of project to outline the services to be delivered, job title of project worker(s) to be funded and hours worked:**

**Estimated Start Date:**

**Please indicate which deprived community/communities your project will serve, e.g. which Local Authority/town/postcodes:**

I consent to the details I have provided on this form being processed by Auriga Services Limited and the United Utilities Trust Fund pursuant to the provisions of the Data Protection Act.

Signature of Chairperson or Treasurer Your organisation’s Charity Number

Print name Date

**INFORMATION TO SUPPORT YOUR PROJECT**

The object of the Trust is: “the relief of those persons who are in condition of need, poverty, hardship or other distress and are unable to meet the cost of charges for the supply of water and/or sewerage services provided by United Utilities Water”.

**Within your application it is important that you demonstrate to Trustees how your project will fulfil these objectives and also fulfil all other criteria outlined.**

Please answer ALLquestions and ensure your responses are CLEAR and CONCISE (Up to a maximum of 300 words per section)

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| **How would you describe how this funding will be used:** | (tick the boxes that apply) |
| This funding will support a new project |  |
| This funding will allow us to enhance / expand an existing project |  |
| This funding will support an existing project / staff member |  |
| **If funding will support an existing project please tell us:** | |
| 1. **Who is currently funding this project?** 2. **When will this funding end?** 3. **Why have you applied to United Utilities Trust Fund for support?** | |
| **1. Please define the aims of your project and explain the current situation, issues and problems that your project will address. Your project MUST fulfil the objectives of United Utilities Trust Fund and criteria set for this programme.** | | |
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| **2. How have you identified and quantified the need and demand for your project? Please provide brief details of any evidence or research you have gathered to demonstrate this.** |
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| **3a) Please tell us more about the area/community that your project will serve, the levels of deprivation and the beneficiaries of the project; such as a particular group of people your project will focus on.** |
| **Area/Community:**  **Levels of deprivation in the area that you project will serve:**  **Beneficiaries:** |
| **3b) Which water company is responsible for billing households in the area your project will serve? For example United Utilities / Yorkshire Water / Northumbrian Water** |
|  |
| **4. How many beneficiaries do you expect your project to assist during the term? This should relate to the people helped by the worker(s) who will be funded by United Utilities Trust Fund and associated volunteer support only (as outlined in question 5 b & d).** |
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| **5. So we can gain a clear understanding of what type of work your project will involve, how it will be delivered and by who please answer the following questions. This will also enable us to determine if your project fulfils the aims of the Trust. You may wish to list these activities as bullet points.** |
| 1. What type of work will the project involve?   b) What type of worker(s) will be recruited (e.g. specialist adviser/generalist adviser) and how many **HOURS** per week will they work to deliver project? |
| **Type of worker:**  **How many HOURS/week will they work:** |
| c) What activities will this worker deliver as part of the project? |
|  |
| d) How many volunteers will support the project and how many **HOURS** per week will they work to deliver project? |
| **Number of volunteers:**  **In total how many HOURS / week will they work:** |
| e) How will the project be managed and by whom? |
|  |
| f) If you are working with other organisations/partners to deliver this project please provide their name: |
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| **6. What are the key outcomes / outputs expected for your project and how will you ensure you are successful? To include a summary of impact on beneficiaries and measurement, reporting and evaluation mechanisms:** |
| **Key outcomes / outputs:**  **Impact on beneficiaries:**  **Measurement, reporting and evaluation mechanisms:** |
| **7. Please complete all the sections below to give us an insight into your organisation** |
| 1. Tell us about your organisation to include a summary of current services and experience |
|  |
| 1. How many paid staff are employed and how many volunteers? |
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| 1. How many employees currently deliver debt/money advice/financial capability? |
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| 1. What Quality Mark(s) does your organisation hold? |
|  |
| 1. Do you as the LEAD organisation have permission from the Financial Conduct Authority to provide free at source non-commercial debt counselling/debt adjustment/credit information services? |
| YES/NO |
| 1. If yes, please provide your FCA registration number and the name in which it appears on the register in the box below: |
| Registration number:  Name: |
| 1. Have you delivered a similar project previously? If yes, please provide details below: |
|  |
| 1. Provide an explanation to demonstrate the robustness of the infrastructure within your organisation and how current funding is sustained. |
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| **8. If applicable, please complete the section below to give us an insight into each of the PARTNERS you will work with to deliver the project.** | |
| Tell us about the organisation(s): to include a summary of current services and experience. To include their status e.g. Are they a registered charity, voluntary organisation, not for profit organisation or public benefit entity. | |
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| **9. Please complete the section below to give us an insight into your financial situation. If you are unable to provide this information please tell us why in box d):** |
| a) As the LEAD organisation please state your opening reserves figure for your current financial year, split between restricted and unrestricted funds (e.g. reserves carried forward from the end of your last financial year) |
| **Restricted:**  **Unrestricted:** |
| b) With your application, please **provide us with a copy** of your monthly income and expenditure accounts for your current financial year to include:   * Opening reserves (ideally split between restricted and unrestricted funds) * Year to date actuals and forecast to the current financial year-end on a monthly basis |
| c) Taking into account your opening reserves figure as provided in your response to Question 9 a) and your forecast year-end balance as provided in your response to Question 9b) please state your forecast year-end reserves figure again split by restricted and unrestricted funds: |
| **Restricted:**  **Unrestricted:**  **If a deficit is forecast, please provide a full explanation of your strategy to address this:** |
| d) if you are unable to provide this information please tell us why and give us as much detail as you can to demonstrate your financial position for the current year: |

**Please note:** If your organisation is invited to take part in the second stage of the application process a credit check will be undertaken as part of the assessment process.

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| **10. Have you made a funding application to any other funder that if successful will contribute or match fund this project? If so, please provide full details of the potential funder and when you expect to know the outcome** |
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| **11. Please tell us the TOTAL costs associated with this funding application only by providing a FULL breakdown of ALL funding sources and / or contributions that will be made:**  (If this funding will enhance/expand a current project please do not include the cost for the existing service) | |
| a) Value of funding requested from United Utilities Trust Fund ONLY |  |
| b) Value of contribution from your organisation to cover costs associated with this funding request ONLY |  |
| c) Value of in-kind contributions from your organisation. Such as volunteer time, absorbed overhead costs etc. to cover costs associated with this funding request ONLY |  |
| d) Value of contributions from other funders that have been secured to cover costs associated with this funding request ONLY  Name of funder: |  |
| Total cost to deliver project (to include costs a - d) |  |

All applications will be treated in the strictest confidence.

If your organisation is invited to take part in the second stage of the application process a credit check will be undertaken as part of the assessment process.

**Please refer to guidance notes before you make an application and do not apply if you project does not meet criteria.**

**Application Form - Guidance Notes**

1. **Before you make an application please ensure your organisation and project meet criteria.**
2. **ALL sections of the application form must be completed in order for us to consider your request.**
3. **Responses should be CLEAR and CONCISE.**

We recommend that you read the following guidance notes that have been provided to help you complete each section of the application form:

**Page One**

**Contact details:**

We require the name and full contact details of the person who is completing the application as we may contact this person to discuss the application.

**Amount and term requested:**

Please enter the total amount of funding you are requesting and over what period of time. This does not necessarily have to be the full amount or full term of 1 year.

**Summary of project:**

To include the name of the project, and a very brief summary of the service to be delivered to outline where the majority of funding will be used to include job title of project worker(s) to be funded and hours worked along with the purpose of any other larger cost item. Please also advise us when you would expect to start.

**Deprived communities:**

Please specify the community or communities that will benefit from the project.

Trustees look to support projects that deliver services within a ‘deprived community’, for definition, this is where a significant majority of the residents live in the worst 10% Lower Super Output Areas or Wards in England and/or where there is a high incidence of debt. Please include information regarding the level of deprivation in the project area in question 3 a) .

**Signature:**

The person who signs the form must be the Chairperson or Treasurer of the organisation applying for a grant.

**Pages Two, Three and Four** *Questions 1 - 5*

**Information to support your project:**

Firstly, on page 2 tick the boxes that best describe how this funding will be used. If funding will support an existing project, please answer questions a), b) and c).

Please complete questions 1 and 2 to include the key information that will enable us to understand the fundamental aims of your project. You should also provide basic details of any research or statistical data you have gathered that helps to demonstrate the need for this project.

**To fulfil criteria it is also essential that you can demonstrate the project will support United Utilities Trust Fund’s objects; namely how it will assist people in condition of need, poverty and distress and who occupy premises served by United Utilities but are unable to meet the cost of water or sewerage charges.**

**Communities, level of deprivation and beneficiaries:**

In question 3a please give us an overview of the local communities you will be delivering services within and the level of deprivation (to include statistical information). Also tell us more about the beneficiaries you will be assisting. For instance; your project may focus on a particular target group such as people with disabilities or young families.

In question 4 please advise us how many beneficiaries will benefit from the services provided by the project over the term. These beneficiaries are people helped by the worker(s) who will be funded by United Utilities Trust Fund and associated volunteer support only (as outlined in question 5 b & d).

**What services will you deliver and how:**

The information provided in section 5 will enable us to gauge the level of service you will give, the resources required and how the project will be managed. It is key that we are able to fully understand what the funded worker and volunteers will deliver as part of this project.

**Pages Five** *Question 6*

**Key outcomes /reporting and evaluation:**

Please explain the key outcomes/outputs of the project and the impact they will have on service users and/or local community.

As we will be monitoring activity that is relevant to your project it is important that all proposed outcomes/outputs are REALISTIC and ACHIEVEABLE as future funding for your project may depend on it.

Monitoring achievements of all outcomes/outputs will ensure that your project is successful and we ask you to provide brief details of the reporting and evaluation mechanisms you will use to do this.

The Trust looks to support quality projects that are well managed and whose objectives are achievable.

**Pages Six** *Question 7*

**Your organisation:**

Please tell us about your organisation. This should include a brief summary of current work and experience to date along with staffing levels for paid and volunteer workers. If your organisation currently provides debt/money advice please tell us how many workers deliver this service.

**If your project involves delivery of any of the following: free at source non-commercial debt counselling/debt adjustment/credit information services your organisation must have permissions from the Financial Conduct Authority (FCA) to undertake these activities unless you benefit from exemption. If you do have FCA permissions in place please provide your FCA registration number. We expect that the majority of projects that fulfil criteria will require an organisation to be registered with the FCA.**

**DO NOT APPLY IF YOU DO NOT HAVE THE REQUIRED FCA PERMISSIONS IN PLACE TO DELIVER THE PROJECT**

We also need to understand how robust your organisation is and if you have experience in delivering similar projects. Also tell us what strategies are currently in place to ensure sustainability of ongoing projects and funding.

**Page Seven** *Questions 8 - 9*

**Partners:**

Please provide an overview of any partners that you may be working with to deliver this project.

**Income/expenditure:**

Please provide details of your opening reserves for the current financial year (split between restricted and unrestricted funds)

**We will also require a copy of your monthly income and expenditure accounts for the current financial year to be submitted with this application.** This must include details of your opening reserves, ideally split between restricted and unrestricted and year to-date actuals and forecast to the current financial year-end on a monthly basis.

Taking into account your opening reserves figure as provided in your response to Question 9 a) and your forecast year-end balance as provided in your response to Question 9b) please state your forecast year-end reserves figure again split by restricted and unrestricted funds.

If a deficit is forecast please provide a full explanation of your strategy to address this.

**Please note:** If your organisation is invited to take part in the second stage of the application process a credit check will be undertaken as part of the assessment process.

If your organisation is not financially stable please do not apply.

**Page Eight** *Questions 10 - 11*

**Other applications in progress:**

Please advise us if you have made applications to any other funder for this project and when you will be aware of the outcome. It is most important that full explanations are provided if the project requires match funding.

**Project costs:**

Trustees encourage applications that can provide additional value and therefore we will require detail of the **TOTAL** costs of the project associated with your project funding application **NOT** just the value of the funding you are requesting from the Trust.

If this funding will enhance/expand a current project please do not include the cost for the existing service.

It is important that you provide a clear breakdown of the value and details of all contributions made towards project delivery. To include; funding already secured or contributions from your organisation including those made in-kind. *For example: 400 hours of support from volunteers over the term = £’s.*

Where your organisation is contributing funding or utilising funding already secured from other sources please tell us the value of this funding and the name of the funder. If a bid is in process please complete question 10 along with details of any match funding arrangements.

**Stage One applications are to be submitted by email to the following address:** [**communitygrants@aurigaservices.co.uk**](mailto:communitygrants@aurigaservices.co.uk%20)

**The closing date for receipt of applications is: Thursday 30th May 2024**

***We are sorry that we will be unable to accept submissions that are received after the closing date.***

**IF YOU HAVE NOT RECEIVED ACKNOWLEDGEMENT OF YOUR APPLICATION WITHIN 7 WORKING DAYS PLEASE CONTACT US.**

**Any questions?**

If you have any questions about the application process please contact Gay Hammett via email: [communitygrants@aurigaservices.co.uk](mailto:communitygrants@aurigaservices.co.uk)

Alternatively call 0121 362 3625.

*Trustees have delegated the day-to-day management of the Trust Fund to Auriga Services Ltd,*

*Emmanuel Court, 12-14 Mill Street, Sutton Coldfield, B72 1TJ.*