

**Cwm Taf Morgannwg Carers Grant 2021-22**

**APPLICATION FORM**

The Cwm Taf Morgannwg Carers Grant is a **one off grant** available in 2021/22 of up to £5,000.00, £10,000.00 and/or £20,000.00 to support Carers in the community and will be available to organisations in the Cwm Taf Morgannwg Health Board area for projects to support residents who have identified themselves or been identified as a Carer.

Regional working across the CTM Health Board area (incorporating Merthyr Tydfil, Rhondda Cynon Taf and Bridgend County Borough Council areas) is encouraged for this application.

**THE PROJECT AIMS SHOULD REFLECT AT LEAST ONE OF THE FOLLOWING 4 criteria**:

Welsh Government have allocated funding in 2021/22 for health boards to work collaboratively with all partners to enhance the lives of Carers in line with the national priorities. **Welsh Government’s 4 national priorities are**:

1. Identifying and valuing unpaid Carers – all unpaid Carers must be valued and supported to make an informed choice about the care they provide and to access the support they need whilst caring and when the caring role comes to an end;
2. Providing information, advice and assistance – it is vital that all unpaid Carers have access to the right information and advice at the right time in an appropriate format;
3. Supporting life alongside caring – all unpaid Carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring;
4. Supporting unpaid Carers in education and the workplace – employers and educational/training settings should be encouraged to adapt their policies and practices, enabling unpaid Carers to work and learn alongside their caring role.

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| 1. **Contact Details** | |
| Organisation name |  |
| Address  Post Code |  |
| Contact name |  |
| Phone |  |
| Email |  |
| Website |  |

**Please answer the following questions:**

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| 1. **Grant being applied for in this application** | **Tick box** |
| **Upto £5,000.00** |  |
| **Upto £10,000.00** |  |
| **Upto £20,000.00** |  |

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| **1a. Which of the aims does your project meet? Please tick the box/es.** | |
|  | **Tick box** |
| **Welsh Government’s 4 national priorities are**: |  |
| * Identifying and valuing unpaid Carers – all unpaid Carers must be valued and supported to make an informed choice about the care they provide and to access the support they need whilst caring and when the caring role comes to an end |  |
| * Providing information, advice and assistance – it is vital that all unpaid Carers have access to the right information and advice at the right time in an appropriate format |  |
| * Supporting life alongside caring – all unpaid Carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring; |  |
| * Supporting unpaid Carers in education and the workplace – employers and educational/training settings should be encouraged to adapt their policies and practices, enabling unpaid Carers to work and learn alongside their caring role. |  |

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| 1. **Your Project** |
| **Project name** |  |
| **2a. Please describe in detail your project, your aim, how it meets one or more of the four Welsh Government priorities, how it will be delivered and how Carers will access your service provided?** |

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| **2b. Does the project target any specific cohorts of carers and what geographic area will it cover (have you considered any regional working across CTM Health Board area)?** |

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| **2c. How have you worked with partners in developing and completing this application form?**  Which partners have been involved? Are they from across the health, social care and third sector? |

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| **2d. Please briefly tell us what makes your project unique. How is this project innovative? (200 words max)** |

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| **2e. Please tell us any additional information you think is relevant to this application. (200 words max)** |

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| **2f. What outcome would your project achieve and how will you measure and evaluate its impact? (200 words max)** |

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| **2g. Please provide brief detail of the exit strategy for this project at the end of the one year funding. (200 words max)** |

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| 1. **Project costs** | | |
| 3a. How much will the total project cost? |  | |
| 3b. How much do you require from the Carers Grant? |  | |
| 3c. Please provide a breakdown of the project costs | Item | Cost |
| 3d. Will you be providing any match funding for this project? (including ‘in kind’ or volunteering) | Yes  No  If ‘Yes’ please provide details of the amount: | |
| 3e. Will your project continue after the period you have requested funding for? | Yes  No  If ‘Yes’ explain how on-going costs will be met. Include a copy of your sustainability plan with your application. | |

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| **4 Financial information** | |
| **4a. Please send us a copy of your most recently independently audited accounts or, if you are a small charity (with income less than £10,000 per annum) then only your most recent statement of income and expenditure is required.** | |
| **4b. Bank account details** | |
| Organisation Account Name |  |
| Bank/Building Society Name |  |
| Bank/Building Society Address |  |
| Sort Code |  |
| Account Number |  |
| Building Society Roll Number |  |
| **4c. Who from your organisation can sign cheques for this account?** | |
| Name Person 1 |  |
| Position |  |
| Name Person 2 |  |
| Position |  |
| Name Person 3 |  |
| Position |  |

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| 1. **Declaration** | |
| We, the undersigned, confirm that the information provided on this application form is correct. We understand that provision of misleading or false information may lead to recovery of payments. | |
| Signatory 1 (Main contact)\* | |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| Signatory 2 (Chairperson / Vice Chair / Treasurer – NOT the main contact)\*  I confirm, that I am authorised to sign this application, and that to the best of my knowledge and belief, all answers are true and accurate. I further confirm that this application is made on the basis that, if successful, the organisation will comply with the terms and conditions that follow. | |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| Address  Post Code |  |
| Telephone |  |
| Email |  |
| \*Please note that if you are returning this form electronically and unsigned you will be bound by the declaration when we receive your application by email. | |

PLEASE NOTE: The following will be the scoring matrix for this application.

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| Question | Does the answer include: | Score out of / | Comments |
| 1a | Fit with one or more of WG 4 national priorities | 2 points for priority met  /8 |  |
| 2a | * Clarity of aims of project * Relevance to one or more of Welsh Government four aims * Clarity on Delivery of project * Accessibility for Carers | /5  /4  /5  /5 |  |
| 2b | * Clarity on Carers Supported * Geographical Area/s covered (does the project show any regional working?) | /5  /15 |  |
| 2c | Co-production partners  Delivery partners | /10  /10 |  |
| 2d | Innovative | /5 |  |
| 2e | Additional Information | /10 |  |
| 2f | Measure  Outcomes  Evidenced | /10  /10  /10 |  |
| 2g | Exit Strategy | /10 |  |
| Total score |  |  |  |
| Recommendation |  | | |