

**Application Form**

**Small Grants**

**Burngreave | Pagehall | Firth Park | Longley**

**More about This is Us Northeast Sheffield Here:**

[£1million community fund for North-East Sheffield: South Yorkshire I.C.B](https://southyorkshire.icb.nhs.uk/news/1million-community-fund-north-east-sheffield)

**Watch the This Is Us Northeast Sheffield Programme Video here:**

[This is us - YouTube](https://www.youtube.com/watch?v=BEYOqSf8dBc)

**Please use the *This is Us* Small Grants - Information and Application Guidance Pack to help you complete this Form.**

**This is Us - Small Grants Application Form**

**For funding between £1,000 - £5,000**

**Purpose**: This grant supports new or existing groups and activities that create happier and healthier communities. Both constituted groups and registered organisations are welcome to apply.

The small and medium grants will only fund activities or projects that focus on the communities top three priorities:

* Friendly supportive community
* Keeping an active lifestyle
* Access to nature/outdoors

**Submission**: Please return this form by 15th September 2025 at 1pm to the Communities team at SOAR. If you need support completing this form, read the guidance first and if you still need help, contact [Communities@SOARCommunity.org.uk](mailto:Communities@SOARCommunity.org.uk) or call 0114 213 2591

**Section 1: About your Group/Organisation**

|  |  |  |
| --- | --- | --- |
|  | **Name of Group/Organisation:** |  |
|  | **Main Contact:** |  |
| **Role in Group/organisation:** |  |
| **Phone Number:** |  |
| **Email:** |  |
|  | **Address:** |  |
|  | **Is your group/organisation:** | ☐ non-constituted  ☐ Constituted  ☐ Registered (state type): |

**Section 2: Project Proposal**

**Please read the guidance document and have it to hand – it will help you answer these questions.**

|  |  |  |
| --- | --- | --- |
|  | **Activity Name:** |  |
|  | **Tell us a bit about your group/organisation:**  (Up to 300 words) |  |
|  | **What do you want to use the funding for?**  (Up to 300 words) |  |
|  | **How will this project/activity help the community feel happier and healthier?**  (Up to 300 words) |  |
|  | **Who will benefit from this project? e.g., age groups, communities, number of people, etc.** |  |

**10. Where will this project take place?**

|  |
| --- |
|  |

**Section 3: Budget & Delivery**

|  |  |
| --- | --- |
| **11. Breakdown of how the money will be spent:**  (e.g., venue hire, materials, facilitators, etc.) | |
| **ITEM** | **COST** |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

|  |  |
| --- | --- |
| 1. **When will your project start and end?** | |
| Start Date: |  |
| End Date: |  |

1. **Do you have any other funding for this activity?**

Yes (please provide details)  No

|  |
| --- |
| If yes, where is this from, what is it for, how much is it and how long for? |

1. **How will you measure the success of your activity?**

|  |
| --- |
|  |

1. **Due Diligence: Health and Safety, Safeguarding, Anti-Discrimination and Data Protection:**

We have a safeguarding policy (if working with vulnerable adults and children)

We have a Health and Safety Policy

We have a Data Protection policy outlining compliance with GDPR

We have an Equality/Equity, Diversity and Inclusion [EDI] policy

DBS checks are in place for any staff or volunteers working with children or vulnerable people

We have Employers & public liability insurance [this should cover volunteers, if applicable]

* + If you don’t have these and want guidance in getting them, please contact [communities@soarcommunity.org.uk](mailto:communities@soarcommunity.org.uk) or check out the templates available for you to use or adapt here**:** [**For Community Partners | SOAR Community**](https://www.soarcommunity.org.uk/for-community-partners)

**Section 4: Governance & Accountability**

1. **Non-Constituted Groups Only**

Do you have a supporting group or organisation that will host your funding?

**Yes**

Please ask them to complete question 16 and then both group and host organisation **sign the declaration in section 5**

**No**

Please contact [communities@soarcommunity.org.uk](mailto:communities@soarcommunity.org.uk) or call 0114 213 2591 so we can discuss and support you to connect with a supporting organisation and/or becoming constituted if this is what your group wants.

**Note: You will need either a registered bank account in your groups name or a supporting organisation in place before submitting this form**

1. **Constituted or Registered Groups/Organisations Only**

**Banking details:**

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Account Name\*\*:** |  |
| **Sort Code Number:** |  |
| **Account Number** |  |

\*\* We can provide proof of bank details in the organisation’s name [e.g., a scan or a statement with no transaction details]

1. Supporting Organisation Details **(To be completed by the Funding Host) :**

|  |  |
| --- | --- |
| **Name of Supporting Organisation** |  |
| **Name of Lead Contact:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Bank Name:** |  |
| **Account Name\*\*:** |  |
| **Sort Code Number:** |  |
| **Account Number:** |  |

**\*\*** We can provide proof of bank details in the organisation’s name [e.g., a scan or a statement with no transaction details]

**Section 5: Declaration**

**It is important that you understand and agree to sign on the following statements.**

Please note that if you leave the group/organisation or can no longer fulfill your responsibilities, or someone else takes over responsibility for the investment on behalf of the group/organisation, you must inform us immediately.

1. We are authorised to make the application on behalf of the above group/organisation
2. We certify that the information contained in this application is correct
3. We agree to provide all the information (monitoring/evaluation) reasonably required by the *This is Us Grants Programme*
4. We will make sure that we shall comply, at all times, with any relevant legislation and adopt good practice in ensuring safety measures within our project such as health and safety, insurance, data protection, EDI and DBS checks
5. We will make every reasonable effort to ensure that we take out appropriate insurance for the group and its activities, including public liability and insurance for equipment and we will produce documentary evidence that the policy or policies are properly maintained, if requested
6. We agree to abide by the terms and conditions outlined in the Grant Conditions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatory 1 Name**  (e.g., Chair, Treasurer, Secretary, Organisation or Lead) |  | **Role in Group** |  |
| **Signature** |  | **Date** |  |
| **Signatory 2 Name**  (Chair, Treasurer, Secretary, Funding Host/Supporting Organisation) |  | **Role in Group** |  |
| **Signature** |  | **Date** |  |

**Please send completed application forms either via email to** [communities@soarcommunity.org.uk](mailto:communities@soarcommunity.org.uk) **or by dropping off or posting to one of the below addresses:**

|  |  |
| --- | --- |
| This is Us  SOAR Community  SOAR Works Enterprise Centre  14 Knutton Road  Sheffield. S5 9NU | This is Us  SOAR Community  Sorby House  42 Spital Hill  Sheffield. S4 7LG |

**Submission: Please return this form by 15th September 2025 at 1pm**