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| Welcome to our **Community Grants: Language and communication for deaf children** Stage 2 - application form.  The typeform link is for you to apply in written English.  If you'd like to apply in British Sign Language (BSL) or need any help with the form, please contact us at [communitygrants@ndcs.org.uk](mailto:communitygrants@ndcs.org.uk).  If any of the questions below create barriers for you, please get in touch - we want to make the Community Grant as accessible as possible.  [**Watch this is BSL**](https://youtu.be/ML6Y5RnOf-Y?si=ISD1c11irRdNaCZR) | |
| **Before you start the application, make sure you have:**   * gone through the [guidance information](http://Ndcs.org.uk/community-grants-application-guidance) * completed the [eligibility checklist](https://nationaldeafchildrenssociety.typeform.com/CGe-checkR2) * looked at the application questions * gathered information about the project and spoken to other people involved * drafted your answers or created notes to help you answer all the questions. **We strongly recommend that you do this in case of any problems submitting your application.** * created a budget using our template and saved it on your device ready to upload when requested.   [**Watch this is BSL**](https://youtu.be/YekDW9NsekE?si=otlK16MtBEMnMJ4l) | |
| **You must have completed the eligibility check at this point to ensure that you are able to apply.** | |
| **Section 1 – Your project** | |
| **1.1 What’s the name of your project?**  The project name should be simple and to the point.  [**Watch this question in BSL**](https://youtu.be/AayW9M7dN5Q) |  |
| * 1. **Tell us about your project. What would you like to do?**   *Your response should not contain any personal data – like names and contact details. Your response could include some or all of the following:*   * *What you would like to do, and why.* * *What difference your project will make.* * *Who will benefit from it.* * *How long you expect to run it for. This can be an estimate.* * *How you’ll make sure people know about it.* * *What will happen after the funded activity ends.*   [**Watch this question in BSL**](https://youtu.be/rZy2_Yi7iYw) |  |
| **1.3 Which of the following funding aims will your project contribute to?**  *We’ve identified six aims for our funding programme.*  *We’ll prioritise projects that demonstrate they contribute to more than one of our funding aims:*   1. INCREASE: Increase the overall number of deaf children and families accessing opportunities to develop language and communication in their   community setting. ​​​​   1. REACH: Reach new people, communities and groups previously excluded from opportunities to develop language and communication. ​​ 2. INNOVATE: Encourage innovative, high-quality approaches to developing the language and communication skills of deaf children and their families. ​​ 3. PARTNER: Encourage partnerships within communities so different groups and sectors work together to provide opportunities to develop language and communication. ​​ 4. SUSTAIN: Encourage sustainable models that will continue beyond the period of funding. ​​ 5. IMPACT: Projects that lead to positive outcomes for deaf children. This could be directly or through their families. Examples of positive impact include improvements in language and communication for deaf children, increased knowledge or confidence in families supporting this for their child. ​​   [**Watch this question in BSL**](https://youtu.be/-GU8_zL_1GM) | |
| **1.4 How will your project meet the funding aims that you selected?**  *What difference will your project make for deaf children and their families?*  Add information under each of the aims that you picked in the previous question. If there are any that you did not pick, leave blank.  [**Watch this question in BSL**](https://youtu.be/9RcMiFZZ_js) | |
| 1. INCREASE: Increase the overall number of deaf children and families accessing opportunities to develop language and communication in their community setting. |  |
| 1. REACH: Reach new people, communities and groups previously excluded from opportunities to develop language and communication. |  |
| 1. INNOVATE: Encourage innovative, high-quality approaches to developing the language and communication skills of deaf children and their families. |  |
| 1. PARTNER: Encourage partnerships within communities so different groups and sectors work together to provide opportunities to develop language and communication. |  |
| 1. SUSTAIN: Encourage sustainable models that will continue beyond the period of funding. |  |
| 1. IMPACT: Projects that lead to positive outcomes for deaf children. This could be directly or through their families. Examples of positive impact include improvements in language and communication for deaf children, increased knowledge or confidence in families supporting this for their child. |  |
| **1.5 Accessibility**  **How will you ensure your project is accessible to deaf children and young people/deaf family members?**  [**Watch this question in BSL**](https://youtu.be/w4x9igD2Ppw) |  |
| **1.6 How will your project involve your community?**  *We want to reach new people, communities and groups previously excluded from opportunities to develop language and communication.*    *By community, we mean:*   * *people living in the same area, people who have similar interests or life experiences but might not live in the same area.*     *We believe that people understand what’s needed in their communities better than anyone. Tell us how your community came up with the idea for your project.*    *We want to know how many people you’ve spoken to, and how they’ll be involved in the development and delivery of the project.*    *Here are some examples of how you could be involving your community:*   * *having regular chats with community members, in person or on social media. Including community members on your board or committee* * *regular surveys. Setting up steering groups. Running open days.*   [**Watch this question in BSL**](https://youtu.be/2-Xe6AnkSdc) |  |
| **1.7 Number of people:**  **How many deaf children and young people in the following categories will develop their language and communication skills through your project?**    *We know it’s difficult to accurately predict the number of people that will benefit from your project. Please provide your best estimates.*  [**Watch this question in BSL**](https://youtu.be/oMfexQ38WTo?si=Lhmrqp3F62XmvFFk) | deaf children - age 0 to 5 |
| deaf children - age 6 to 11 |
| deaf children and young people - age 12 to 17 |
| deaf young people - age 18+ (18 to 25) |
| **1.8 Number of people:**  **Please tell us about any other participants in your project.**  *(For example: numbers of hearing siblings or numbers of parents/carers)*  [**Watch this question in BSL**](https://youtu.be/97NM3WbuZa0) |  |
| **1.9 Project location:**  **Where will your project take place?**  *If your project covers more than one area, please select one area where most of it will take place.*  *If your project is online, please select ‘online’ from the list.*  A: England (all regions)  B: East of England  C: East Midlands  D: London  E: North East  F: North West  G: Northern Ireland  H: South East  I: South West  J: West Midland  K: Yorkshire and Humberside  L: Scotland  M: Wales  N: Online  [**Watch this question in BSL**](https://youtu.be/_N8ZP5C-x44) | |
| **1.10 Project timelines**    *You have up to 12 months from the payment of the award to spend the money.*    [**Watch this question in BSL**](https://youtu.be/vb9VYuv4Onw) | If you’re successful, when will you spend the money by? If you don’t know the exact date, an estimate is OK.  (DD/MM/YYYY) |
| If you’re successful, when do you expect the work to take place?    Start date (DD/MM/YYYY) |
| End date (DD/MM/YYYY) |
| **1.11 Additional information**    **Is there anything that it would be useful for us to know when assessing your application?**    *We want to make sure that we treat every application fairly. Not every organisation has people who are experienced in fundraising.*    *For example, tell us if this is the first time you have applied for a large grant or if English is not your first language.*  [**Watch this question in BSL**](https://youtu.be/uWa0efnl76c) |  |
| **Section 2 – Project costs** | |
| **2.1 Please upload a copy of your budget.**    **Please fill in the template budget sheet in the guidance and upload.**  *You should use simple budget headings such as, ‘qualified BSL teacher’.*   * *Where possible group items together rather than providing a long list. For example, if you're applying for pens, paper and envelopes, using 'office supplies' is fine.* * *Please enter whole numbers only.* * *Please note you can only have a maximum of 10 rows.*   [**Watch this question in BSL**](https://youtu.be/A-nzQLeFvWQ) | |
| **2.2 What is the total amount of funding you are requesting?**  This must match the amount on the uploaded budget sheet.  [**Watch this question in BSL**](https://youtu.be/nwWnOYy6n6c) | **£** |
| **2.3 What is the total cost of your project?**    *Include costs that you do not want us to fund. For example, costs funded by another organisation or through your own finances.*  [**Watch this question in BSL**](https://youtu.be/86mNycHpflE) | **£** |
| **Section 3 – Your organisation** | |
| **3.1 Organisation’s legal name**  *As shown on your governing document.*    *Depending on the type of organisation you’re applying for, your governing document could be a:*   * *Constitution, trust deed, memorandum and articles of association, something else entirely.*     *You might find this information on a registration website, for example, Companies House or a Charities Register.*  [**Watch this question in BSL**](https://youtu.be/6X37l0bfsgg) |  |
| **3.2 Organisation address**  [**Watch this question in BSL**](https://youtu.be/7IChi_P6rpw) | Address line 1:  Address line 2:  Town/City:  Postcode: |
| **3.3 Organisation website or Facebook page**  *If applicable.*  [**Watch this question in BSL**](https://youtu.be/TAEPSqwwpVs) | Website:  Facebook: |
| **3.4 Organisation start date**  When was your organisation set up?    *This is the date your organisation took on its current legal status. It should be on your governing document. If you do not know the exact date, it can be an approximate date.*  [**Watch this question in BSL**](https://youtu.be/xl_hcGE7jfo) | DD/MM/YYYY: |
| **3.5 Type of organisation**  Please pick which describes your organisation/business.  A: Charity  B: Community Group  C: Social enterprise ​  D: Community interest company (CIC)  E: Statutory body  F: Sole trader  G: Private limited company – limited by shares (Ltd.)  H: Private limited company – limited by guarantee (LBG)  I: Public limited company (PLC)  J: Limited liability partnership (LLP)  K: Private unlimited company  L: Other – please type in……………………………………………………………………………………………………………………………………………………………………………………………………….  [**Watch this question in BSL**](https://youtu.be/6w2qErhil4o) | |
| **3.6 Safeguarding**  The National Deaf Children’s Society sees safeguarding as paramount importance. All projects must have appropriate “live” policies and practices in place and follow all applicable legal requirements with regards to safeguarding responsibilities.  If your funding request is successful, we may ask for more details of your approach to safeguarding and to see copies of your policies etc.  Please confirm the following:  [**Watch this question in BSL**](https://youtu.be/XZtW9k6ReoM) | |
| Safeguarding policy in place. Which includes child protection information and procedures for managing and reporting safeguarding concerns. | **Yes**   **No**   **Not sure** |
| Safer recruitment policy in place to ensure staff and volunteers are safe to work with children and young people/adults at risk. | **Yes  No  Not sure** |
| Appropriate and regular background checks are carried out and can be evidenced. This applies to all staff, volunteers, and committee members who work directly with children and young people/adults at risk. | **Yes** ​  **No** ​  **Not sure** |
| Your organisation has a named person responsible for safeguarding. | **Yes**   **No** ​  **Not sure** ​ |
| All staff, volunteers, and committee members receive safeguarding children training. | **Yes** ​  **No** ​  **Not sure** ​ |
| **3.7 Health and safety**  Please confirm the following:  [**Watch this question in BSL**](https://youtu.be/7UNgOVXg-l0) | |
| Public liability insurance is in place. | **Yes** ​  **No** ​  **Not sure** |
| Risk assessments are undertaken for all activities and also obtained from activity providers/venues. | **Yes**   **No** ​  **Not sure** ​ |
| **Section 4 – Organisation contact information** | |
| **4.1 Senior contact:**  Please provide contact details of the person who has overall responsibility for this application.  *Your senior contact must be:*   * *at least 18 years old* * *living in the UK* * *legally responsible for ensuring that this application is supported by the organisation applying* * *responsible for ensuring the funding is used as described in the application form* * *the person that ensures the funded organisation meets our monitoring requirements*   [**Watch this question in BSL**](https://youtu.be/ZJjfdNWaB1c) | Full name:  Role/Job title:  Phone number:  Email: |
| **4.2 Does the senior person have any communication requirements?**  *(For example, they require a British Sign Language interpreter for any meetings, or they require email rather than phone calls.)*  [**Watch this question in BSL**](https://youtu.be/udopJMa1UcM) |  |
| **4.3 Please let us know any preferred pronouns for the senior person** (for example, she/her, he/him, they/them).  *This information is optional and will help us address them appropriately.*  [**Watch this question in BSL**](https://youtu.be/soS3Obhg6O0) |  |
| **4.4 Main contact:**  **Please give us the contact details of a main contact for your organisation.**  *This will be the person with whom we’ll communicate. The main contact is usually the person filling in the form.*    *The main contact needs to:*   * *be at least 18 years old* * *live in the UK* * *be from the organisation applying – they don't need to hold a particular position.*     *The main contact must be a different person from the senior contact. The two contacts also can't be:*   * *related by marriage* * *in a civil partnership with each other* * *in a long-term relationship with each other* * *related through a long-term partner* * *living together at the same address* * *related by blood.*   [**Watch this question in BSL**](https://youtu.be/XXp79HCdXcs) | Full name:  Role/Job title:  Phone number:  Email: |
| **4.5 Does the main contact have any communication requirements?**  *(For example, they require a British Sign Language interpreter for any meetings, or they require email rather than phone calls)*  [**Watch this question in BSL**](https://youtu.be/VJIWBihF02I) |  |
| **4.6 Please let us know any preferred pronouns for the main contact** (for example, she/her, he/him, they/them).  *This information is optional and will help us address them appropriately.*  [**Watch this question in BSL**](https://youtu.be/ReCMiKeLIxE) |  |
| **Section 5 – Bank details** | |
| **5.1 Banking information**    *Please provide the bank account name as it appears on the bank statement.*    [**Watch this question in BSL**](https://youtu.be/RzP0yLoU8Qw) | Your bank (for example, Barclays):    Bank account name:    Sort code (please double-check all numbers are showing before continuing):    Account number (please double-check all numbers are showing before continuing):  **Type of account** (personal, business, charity etc): |
| **5.2 Bank statement**  *Please upload a bank statement.*  *Please make sure that we can clearly see the following on your bank statement:*   * *your organisation’s legal name* * *the address the statements are sent to* * *the bank name* * *account number* * *sort code* * *date (must be within last three months)*   [**Watch this question in BSL**](https://youtu.be/QytE8n3x1hI) | **Save a copy of your bank statement ready.** |
| **Section 6 – Diversity, equality and inclusion** | |
| **6.1 Project aim**    **Is your project aimed at a specific group of people or is it open to everyone?**    *The main use of the data is to inform our own monitoring and strategy, and to improve our transparency.*  [**Watch this question in BSL**](https://youtu.be/BTDbjPaiZvA) | A: My project is open to everyone and not aimed at a specific group of people.  **(If you pick this one, you can skip Q 6.2)**  B: My project is aimed at a specific group of people. |
| **6.2 Please select all categories that include the majority of people supported (75% or more).**  [**Watch this question in BSL**](https://youtu.be/4l42dqE1hS4) | A: Communities experiencing racial inequity (Sometimes called Black, Asian and Minority Ethnic communities)  B: A faith community  C: Migrants (including refugees and asylum seekers)  D: Deaf and disabled People  E: Older people  F: Children and young people    G: Women and girls  H: LGBTQIA+ communities​   I: Communities experiencing poverty or economic inequity  J: Other- please type in…………………………………………………………………………… |
| **Terms and conditions**  **By completing this form, you agree to the following:**   * You’ve been authorised by the governing body of your organisation (the board or committee that runs your organisation) to submit this application and accept the Terms and Conditions on their behalf. * All the information you’ve provided in your application is accurate and complete and you will notify us of any changes. * You understand that the National Deaf Children’s Society will use the information you give us in line with our Privacy policy. For full details on how we process your data please read our privacy statement at [ndcs.org.uk/privacy-policy/](http://ndcs.org.uk/privacy-policy/). * You understand that what you tell us in this form will be shared with the main and senior contact.     If you are filling in the form on behalf of other committee members you must ensure that you have their permission. Please share the above statement with them.  I agree  [**Watch this section in BSL**](https://youtu.be/9-764afdexo) | |
| **Details of person completing this form:**  [**Watch this question in BSL**](https://youtu.be/7gB2mmyIqbY) | Full name:  Role within the organisation:  Date form completed: |