Aftercare Funding Programme 2022

Application form

Please ensure you have read the Aftercare Funding Programme guidance document before completing the application form.

When complete, email to commissioning@gambleaware.org along with supporting documents and completed budget sheet.

# Eligibility

The following are the key criteria for this fund. Please tick to confirm your eligibility:

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| --- | --- | --- |
|  |  **Eligibility criteria** |  |
| 1.1 | The impact of the activity and any direct delivery of services is in England, Scotland or Wales.   |   |
| 1.2 | The activities will not include evangelising or proselytising (preaching, spreading, or attempting to convert people to one’s own belief or religious views).  |   |
| 1.3 | Your organisation does not adopt a partisan political stance or activities which are party political.  |   |
| 1.4 | You are an incorporated organisation with a board of Trustees or Directors (ideally three unrelated people).  |   |
| 1.5 | You have not requested more than 50% of your previous year’s turnover (please see guidance notes on this).  |   |
| 1.6 | The focus of the project is about people who are in recovery from gambling harm (including affected others), rather than the initial treatment/support to reduce gambling or early intervention and education.  |   |

# The proposal

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| **2.1 Organisation name** |
|  |
| **2.2 Title of your project** |
|   |
| **2.3 Please provide a brief description of the proposed project (300 words)** |
|     |
| **2.4 Please describe the need for the project. Please include any supporting statistics from any local or national research, or from your own evidence (500 words)** |
|     |
| **2.5 People benefitting** |
| Types of people benefitting  | Who is included in this figure? (50 words)    | Total number of people  |
| People experiencing gambling harm directly  |   |   |
| Affected others who have experienced gambling harm  |   |   |
| Front line workers (this includes professionals delivering services or support to individuals)  |   |   |
| Other groups benefitting directly  |   |   |

# The approach

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| **3.1 What activities will be involved in the delivery of the project? (500 words)** |
|          |
| **3.2 Why do you think this approach will be effective? (300 words)** |
|    |
|  **3.3 Who will be involved in delivering the activities and what will they do? (300 words)** |
|    |
|  **3.4 How were people with lived experience involved in developing this work? (300 words)** |
|    |
| **3.5 Please outline how you intend to collaborate within and across the system to achieve joined up care for individuals. Please include how you intend to work and/or integrate with/alongside existing GambleAware funded provision, in particular the National Gambling Treatment Service (NGTS) (300 words).** |
|    |

# Monitoring, evaluation and learning

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| **4.1 Please select at least one outcome, and no more than three. These will be the primary outcomes you will be asked to report against throughout the project. These can relate to anyone that has experienced gambling harm, whether that is a person who has gambled or an affected other. All the outcomes will be contributing towards the overarching aim of improving recovery capital, to help sustain recovery.** |
| 1. Improved mental health and wellbeing
 |   |
| 1. Increased positive personal networks of support
 |   |
| 1. Improved self-image (including, but not limited to, reducing stigma)
 |   |
| 1. Increased practical skills including, but not limited to, financial and employability skills
 |   |
| 1. Increased confidence and self-belief in ability to accomplish goals (self-efficacy)
 |   |
| 1. Increased knowledge about relevant supports available for those who experienced gambling harms and among their support networks.
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| **4.2 What do you want to learn and how will you do this? (300 words)** |
|    |
| **4.3 What are the key challenges or risks you have identified and how will these be overcome? (300 words)** |
|    |
| **4.4 Please describe if/how the project is scalable (100 words)** |
|      |

# Budget

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| --- | --- |
| **5.1 How much funding are you requesting?** |   |
| **5.2 Length of project** |   |

Please ensure you complete the budget form and attach alongside your application.

# 6. Organisation details

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| **6.1 Your organisation** |
| What is the purpose of your organisation and why is your organisation well placed to carry out this work? (300 words). |
|     |
| Date your organisation was established  |   |
| Legal status  |   |
| Registration body  |   |
| Registration number  |   |
| Is your organisation affiliated with any other organisation?   | Yes No  |
| Affiliated organisation name(s)  |   |
| How many people work at your organisation? |  |
| Full-time paid staff  |   |
| Part-time paid staff  |   |
| Sessional paid staff  |   |
| Volunteers (full-time equivalent)   |   |

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| **6.2 Your organisation’s finances** |
| Please provide the following figures for your organisation's most recent full financial year (21/22), and the previous year (20/21). Please attach audited accounts, if available. If they are not available, please add a line of explanation.  |
| **Year** | **Income** | **Expenditure** | **Total reserves** | **Unrestricted reserves** |
|   |   |   |   |   |
|   |   |   |   |   |

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| **6.3 Please provide your current assets and liabilities from your latest set of management accounts** |
| Current assets  |   |
| Current liabilities  |   |

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| **6.4 Accounts** |
| Please include details of the accountant/auditor who verified your most recent accounts.  |
| First name  |   |
| Last name  |   |
| Accountancy/audit firm  |   |
| Address 1  |   |
| Address 2  |   |
| Address 3  |   |
| Town/city  |   |
| Postcode  |   |
| Telephone number  |   |
| Email address  |   |
| Relevant professional body and qualification  |   |
| Qualification number  |   |
| Is membership current?  | Yes No  |

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| **6.5 Board member details** |
| First name | Last name | Role and experience |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **6.6 Please provide a brief overview of your financial management procedures which help to ensure good governance e.g. segregation of duties, delegation of authority, authorisation limits etc (300 words).** |
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| **6.7 Supporting documents** |
| Do you have a safeguarding policy/child protection policy/protection of vulnerable adults policy? If so, please attach to your application  | Yes No  |
| Do you have a diversity policy? If so, please attach to your application  | Yes  No  |
| Please attach your constitution or memorandum and articles of association  |   |
| Please attach your last set of annual accounts, or if you do not have a full set, please attach a 12-month cash flow forecast  |   |

You will be asked for your Public Liability Insurance Certificate if your application is successful.

# 7. Your partners (please skip for applications without partners)

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| **7.1 Partner details** |
| Partner name  |   |
| What is the purpose of this organisation and what is it most proud of in its history? Why is it well placed to carry out this work?  |
|     |
| Date organisation was established  |   |
| Legal status  |   |
| Registration body  |   |
| Registration number  |   |
| Is this organisation affiliated with any other organisation?   | Yes No  |
| Affiliated organisation name(s)  |   |
| How many people work for this organisation  |   |
| Paid staff (full-time equivalent)  |   |
| Part-time paid staff  |   |
| Sessional paid staff  |   |
| Volunteers (full-time equivalent)   |   |

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| **7.2 Partner contact** |
| Partner contact name  |   |
| Partner contact email  |   |
| Partner contact job title  |   |

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| **7.3 Partner finances** |
| Please provide the following figures for the organisation's most recent full financial year, and the previous year. |
| **Year** | **Income** | **Expenditure** | **Total reserves** | **Unrestricted reserves** |
|   |   |   |   |   |
|   |   |   |   |   |

Please copy and complete above boxes for any additional partners.

# 8. Declaration and contact details

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| **8.1 Contact details** |
| First name  |   |
| Last name  |   |
| Email address  |   |
| Telephone number  |   |
| Organisation contact details  |   |
| Main address  |   |
| Main telephone number  |   |
| Main email address  |   |

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| **8.2 Declaration** |
| Authority to submit  |
| I confirm that the organisation named on this proposal has given me authority to submit this proposal on its behalf  | Name: Date: Signature:       |

**begambleaware.org JUNE 2022**