**BAME and LGBTQ+ Intermediary Cv19 Proposal Form**

1. **Basic details**

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| * 1. **Basic details**
 |
| Organisation name |  |
| Registered name (if different from above)  |  |
| Trading name (if different from above) |  |
| Alternative name |  |
| Organisation address |  |
| Organisation telephone number  |  |
| Organisation email address  |  |
| Organisation web address  |  |
| Main contact name |  |
| Main contact telephone number |  |
| Main contact email address |  |

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| * 1. **Legal details**
 |
| Legal status  |  |
| Registration body |  |
| Registration number  |  |
| Is your organisation legally affiliated with any other/s? (If yes, please provide details) | YesNo |
| Date your organisation was established  |  |

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| * 1. **Partners**
 |
| Give the names of any partners you will be working with |  |

1. **Your proposal**

We define BAME and LGBTQ led as;*Organisations that are led and controlled by the communities they serve. At a governance and senior management level, the majority (51% or more) of the people in these organisations reflect, and are made up of the communities they work with. We recognise that organisations may engage or focus on a specific group, community, or thematic issue, however, see this as distinct.*

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| * 1. **Your organisation**
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| What is the purpose of your organisation and why is your organisation well placed to carry out this work? |
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| **2.2 Please tell us how your organisation is BAME / LGBTQ+ led.** This may include information about your membership, leadership, governance, staffing and how you ensure you engage with and act on information from the communities you serve. |
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| **2.3 Please tell us how you meet the following criteria** (no more than 3 sides of A4)Successful applicants will be invited to an assessment meeting to talk through their proposal in full and expand on the information above proposal. |
| * Reach grassroots organisations with a good geographical spread throughout the nation
* Are committed to community-led development
* Have a participatory approach and put people with lived experience at the heart of programme design and decision-making
* Have a learning culture and clear plans for understanding and reporting on delivery and impact
* Share Comic Relief’s core values in terms of inclusion and diversity
* Have robust governance systems and policies in place e.g. safeguarding and have the capacity to manage funding and make grants on our behalf
* Can support us in gathering and telling compelling and innovative stories of change
* Can move quickly to understand community needs and distribute funding
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| **2.3 Please tell us about your understanding of the context and specific needs of the communities you are supporting and the region(s) / nation(s) you’re applying to work in. How has Cv19 had an impact? How will you work to support organisations and communities with this?**  |
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1. **Your funding request**

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| * 1. **How much are you applying for?** Total budget available is £1.3macross BAME and LGBTQ+ providers(up to £650k per focus area)
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| * 1. **What’s the percentage of funding required to administer the funds?**
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| * 1. **What is the size of the grant making budget and what size of grants are you proposing ?**
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| * 1. **Please give us details of any of your own capacity building requirements you may need to help deliver this programme of work.**
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1. **Your finances**

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| * 1. **Organisation finances**
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| Date your organisation’s current financial year will end  |  |
| Please provide the following figures for the organisation’s most recent full financial year |  |
| Year |  |
| Income |  |
| Expenditure |  |
| Total reserves |  |
| Unrestricted reserves |  |

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| * 1. **Policies**
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| Does your organisation have Equality/Diversity policy? (Please attach) | YesNo |
| Does your organisation have a Safeguarding policy?(Please attach)  | YesNo |

1. **Declaration and contact details**

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| * 1. **Contact details**
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| First name |  |
| Last name |  |
| Email address |  |
| Telephone number |  |
| Organisation contact details |
| Main address |  |
| Main telephone number |  |
| Main email address |  |

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| * 1. **Declaration**
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| If you cannot confirm these three points then you will be unable to submit your proposal |
| Authority to submit |
| I confirm that the organisation named on this proposal has given me authority to submit this proposal on its behalf |  |
| Terms and conditions |
| I confirm that I have read and accepted the Terms & Conditions of making a grant proposal to Comic Relief |  |
| Data protection |
| You confirm that you have (a) obtained permission from any individuals whose personal data you are providing to Comic Relief relating to your proposal and (b) ensured that you and they understand that such personal data will be used by Comic Relief as part of our proposal evaluation and completion of our due diligence checks carrying out fraud prevention checks (including via the fraud detection organisation CIFAS, of which Comic Relief is a member). |  |

Please email this application and the following supporting documents

1. Annual accounts - your most recent set of annual accounts
2. Management accounts – your most recent set of management accounts
3. Safeguarding Policy
4. Equality and Diversity Policy

To c.kiely@comicrelief.com by Midnight on Monday 8th June 2020

If you are successful we will be in touch on 9th or 10th June 2020 to invite you to an assessment meeting between 11th and 16th June 2020.