**Please note this template is for information only and you should make your application through the website. Applications emailed to Comic Relief on this template will not be accepted.**

**Proposal Form –Full Application**

1. **Basic details**

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| * 1. **Reference information** | |
| Organisation name |  |
| Proposal ID |  |
| Scheme name |  |

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| * 1. **Basic details** | |
| Title of your proposal |  |
| Has this work previously been funded by Comic Relief? | Yes  No |
| Are you working with partner organisations who will be responsible for managing a share of the budget? | Yes  No |

1. **Your proposal**

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| * 1. **Change** |
| Please provide a brief summary of your proposal (350 characters including spaces) |
|  |
| What changes do you expect to see as result of your proposed work? (3500 characters including spaces) |
|  |

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| * 1. **People benefitting** | | |
| Types of people benefitting | Who is included in this figure? (1500 characters including spaces) | Total number of people |
| Core target groups |  |  |
| Front line workers |  |  |
| Other groups benefitting directly |  |  |

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| * 1. **Approach** |
| What specifically will you do to help people to address their identified problems? (3500 characters including spaces) |
|  |
| Why do you think this approach will be effective? (2100 characters including spaces) |
|  |
| Who will be involved in delivering the activities and what will they do? (2100 characters including spaces) |
|  |
| How were the people this work will benefit involved in developing this work? (1400 characters including spaces) |
|  |
| In delivering this work how will you get feedback from, listen to and respond to the people that you are trying to support? (1400 characters including spaces) |
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| * 1. **Monitoring, evaluation and learning** |
| What do you want to learn from this work and how would you use this learning? (2100 characters including spaces) |
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1. **Your funding request**

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| * 1. **Where the work is taking place** | |
| Where are you requesting funding for? |  |
| For work taking place in the UK please give up to four main location postcode/s (unless the work is being delivered entirely online) |  |
| How long would you like the funding to last? |  |

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| * 1. **Not applicable** |

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| * 1. **Your budget request** | | | | | | |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Total cost |  |  |  |  |  |  |
| Request to Comic Relief |  |  |  |  |  |  |
| Own contribution |  |  |  |  |  |  |
| Unsecured from other funders |  |  |  |  |  |  |
| Secured from other funders |  |  |  |  |  |  |

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| * 1. **Your budget breakdown** | | | | | | | |  |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total | Request from Comic Relief | Notes |
| Salaries |  |  |  |  |  |  |  |  |
| Overheads |  |  |  |  |  |  |  |  |
| Direct activity costs |  |  |  |  |  |  |  |  |
| Monitoring, evaluation and learning |  |  |  |  |  |  |  |  |
| Organisational development/capacity |  |  |  |  |  |  |  |  |
| Capital costs |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

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| * 1. **Expenditure by organisation** | | | | | | | |  |
| Organisation (applicant or partner) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total | Request from Comic Relief | Notes |
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1. **Your organisation**

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| * 1. **Your organisation** | |
| What is the purpose of your organisation and what are you most proud of in your history? Why is your organisation well placed to carry out this work? | |
|  | |
| 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 | |
| Paid staff (full-time equivalent) |  |
| Part-time paid staff |  |
| Sessional paid staff |  |
| Volunteers (full-time equivalent) |  |

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| * 1. **Not applicable** |

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| * 1. **Your organisation’s 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 |
|  |  |  |  |  |
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| * 1. **Annual accounts** | |
| Please upload your most recent year’s signed annual accounts | Share document |

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| * 1. **Management accounts** | |
| Please upload your most recent set of management accounts | Share document |

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| * 1. **Accounts verification** | |
| 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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| * 1. **Board member details** | | |
| First name | Last name | Role and experience |
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| * 1. **Keeping people safe** | |
| How could the work you are proposing expose beneficiaries, staff or community members to risk of harm, abuse or exploitation? What will you do to reduce the risk of harm? |  |
| If someone was concerned about the safety or welfare of anyone connected with your work, how would they report this concern? How do you encourage reporting? |  |
| Please give an example of an incident where your organisation had to take action to protect the safety and welfare of someone connected with your work. What actions did you take? |  |
| Has your organisation been ever been subject to an investigation by any authority, regulatory body or other investigatory organisation? | Yes  No |
| If yes, please provide details |  |
| Do you have a safeguarding policy / child protection policy / protection of vulnerable adults policy? | Yes  No |
| Do you have a diversity policy? | Yes  No |

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| * 1. **Constitution/memorandum and articles of association** | |
| Please upload your constitution/memorandum and articles of association | Share document |

1. **Your partners**

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| * 1. **Basic 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 this 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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| * 1. **Partner contact** | |
| Partner contact name |  |
| Partner contact email |  |
| Partner contact job title |  |

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| * 1. **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 |
|  |  |  |  |  |
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| * 1. **Partner accounts** | |
| Please upload this organisation’s most recent year’s signed annual accounts | Share document |

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| * 1. **Partner compliance and financial assessment** | |
| Please upload the compliance and financial assessment for this partner. The template is available [here](http://www.comicrelief.com/grants/documents-and-resources). | Share document |

**Please copy and complete above boxes for any additional partners.**

1. **Declaration and contact details**

|  |  |
| --- | --- |
| * 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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| * 1. **Declaration** | |
| 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). |  |