

At Ada & Albert, we provide funding support projects working with vulnerable and disadvantaged children. If you wish to apply for funding for your project, please complete and sign the form below and email it to **grants@adaandalbert.co.uk** for consideration.

Before you apply for funding, please read our Application FAQs to ensure that your project is eligible. Our Application FAQs can be found online at www.adaandalbert.co.uk.

Eligibility Criteria

By completing and signing this form, you are confirming that all the information you are providing is accurate and correct. All details provided will be thoroughly checked and verified before funding can be authorised. If any details provided by you are found to be false, or provided fraudulently, Ada & Albert may decline your application, withdraw any existing funding agreement and prohibit you from applying for funding in future.

Please read the following statements carefully, and indicate whether they are true or false.

All ir	e project you are applying for funding on behalf of is a not-for-profit organisation. Icome to your organisation is used to support vulnerable children, and is not ibuted to members, owners or shareholders. Yes No
child (Ada	ou are applying for funding for a project or initiative that works with disadvantaged ren and young people. & Albert defines 'vulnerable children' as those who are struggling with issues such as
[]	rty, deprivation, neglect, abuse, bullying, psychological or physical difficulties.) Yes No
3. Yo	ou are applying for funding to work with children up to the age of 16. Yes No
	our project has a Child Protection or Safeguarding Policy, which can be provided to & Albert on request. Yes No



5. You can provide Ada & Albert with your most recent set of 12-month accounts for examination. If your organisation is less than 18 months old, you can provide projected accounts. The accounts must be signed and dated by a member of our Board of Trustees [] Yes [] No 6. You have read and understood Ada & Albert's Application FAQs, which are available to read or download from our website at www.adaandalbert.co.uk . [] Yes [] No 7. You understand that the maximum amount of funding Ada & Albert can provide to a single project is £10,000, and confirm you are not requesting more than this amount. [] Yes
[] No
Your Contact Details
Please note: We may share the information that you provide to us with colleagues within Ada & Albert, as well as third-party funders and regulators, in order to help us assess the eligibility of your application, or to provide information to the relevant authorities, if we believe any fraudulent activity is underway (including, but not limited to, to investigate crimes, dishonesty, or to protect vulnerable children). Please place a 'X' in the box below to confirm that you understand and consent to this information being shared. [] Yes, I understand and consent to my information being shared, where appropriate [] No, I do not consent to my information being shared within Ada & Albert and its third-party funders and regulators. Organisation Name: (This should be the legal name of your organisation)
Organisation Address:



Organisation Phone Number: (the best number to contact you on during office hours)
Organisation Email Address:
Organisation Website:
Please provide the contact details of the person we should contact regarding your application:
Applicant's Full Name:
Applicant's Email Address:
Applicant's Contact Number:
Applicant's Job Title/Role in your organisation:
Should your application be successful, the person with overall responsibility for your organisation will be required to sign Ada & Albert's funding terms and conditions. Please provide the contact details of that person (should be a Chairperson, or equivalent):
Name: Job Title: Address:
Phone number: Email address:



When thinking about the children with whom you work and provide support, please describe the particular challenges and vulnerabilities they face, and how these issues affect their lives.
On average, how many children will benefit from the project you would like Ada & Albert to fund, and over what period of time?
What ages are the children that your project helps to support?
[] 0-5 years
[] 6-10 years
[] 11-16 years [] All of the above



How does your project find the vulnerable children with whom you work? (ie, are children referred to you by local councils or support services? Do the children or their
families approach you directly?)
How do you ensure that your project supports the most vulnerable children in your area?
How do you ensure that your project is tailored specifically to the needs of the childrengou support? In what capacity do they have a say in the project or initiative you provide?



Does your organisation have an official Child Safeguarding Policy? [] Yes (If yes, please submit a copy of it with this application form) [] No (If no, please explain why you feel this is not necessary)
Please provide the contact details of the person in your organisation with responsibility for your Child Safeguarding Policy.
What date was your Child Safeguarding Policy last updated?
Please provide the name and contact details of the person who delivers your child protection safeguarding training either within, or on behalf of, your organisation.
Do you make sure that all your organisation's staff, Board and volunteers receive this training? If not, please explain why this is not necessary.



How soon after joining does a new member of staff/trainee/Board member/volunteer receive Child Protection and Safeguarding training?
Law was allowly in this training refusely at an appearant with a victing staff?
How regularly is this training refreshed or repeated with existing staff?
Do you ensure that all those in your organisation who work with vulnerable children eceive all relevant CRB and background checks?
f you do not carry out such background checks, please explain why you feel this is not necessary.
Please outline the types of liability and/or indemnity insurance you have in place to limit the risks to your organisation, and what level of financial protection this provides.



Does your organisation have any other insurance policies in place, such as travel or motor insurance? If so, please provide details of coverage and financial protection levels.
Details of Your Project
Please provide full details of the activities and services you wish Ada & Albert to support financially.



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Why is your	organisation be	st placed to o	deliver this w	ork?		_
Does your pr full details.	oject/initiative	charge fees f	or children to	be involved?	If so, please p	rovid
How do you service?	ensure children	who cannot	afford these	fees are not e	xcluded from y	our/



	our the projec	:t/initiative)				
w many we	eks of each y	ear, on ave	rage, will yo	our project	run?	
ere will you	ır project tak	ce place? (Pl	lease provid	e full detai	ls of all venu	ue(s) involved,



]]]]]	your work involve any of the following? (Please mark the box if yes) Residential or overnight stays Counselling services Befriending or mentoring services Work around the subject of the sexual exploitation of children an existing project?
[]	Yes No
[•	No
[W	•	
[W	•	No
	/he	No
	/he	No would you want/need to start receiving this funding?
	/he	No would you want/need to start receiving this funding?
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			ect work		ulnerable	e childre	n of sch	ool age,	does it	take pla	ce during
[]	Yes									
[]	No									
If	yes	s, pleas	se provid	e details	of why	you feel	this is r	necessary	y/unavo	idable.	
m [[nont]]	ths? Yes No		ıccessful							
	-		-	sly been ation/pr		_				_	ave been time.



ease describe th			e children in your
<u> </u>	 		



Please describe how these benefits are achieve	ed:
What statistics/records do you collect in order been achieved for each child? What methods d	
observation, feedback, questionnaires, etc):	o you use to conect this information: (16)



About Your Organisation

What type of organisation are you? (ie, charity, school, volunteer group, community project, etc):
What year were you first established?
What is your organisation's purpose/main objective as stated in your governing documents?
If you are a registered charity, please provide your charity number:



f you are a	company, ple	ase provide	your compa	ny number:		
lease provi rofit organ	ide the sectio isation:	n of your gov	erning docu	ıment whicl	n shows you	are a not-fo
ow many pheque?	people are ne	eded in your	organisatio	n to authori	ise a docume	ent or sign a



	nany active members are there on your governing body/Board of Trustees or
Direc	ors? (must be a minimum of three to apply)
_	
Do a	y members of your organisation's Board, governing body or cheque signatories live
[]	Yes
[]	No
If vo	please provide details of how you safeguard financial transactions and avoid
_	cts of interest:
Cons	der the governing body at your organisation that would be in charge of the project
	nich you are applying for funding. How many times per year does it meet formally?
1	



please	event of your organisation closing (ie, through a dissolution clause or asset lock), detail the clause in your governing document which specifies what happens to nding surplus you may have at that time:
[]	ny member of your governing body receive payment for their role? Yes No
=	please outline the how your governance document allows this. Please provide
which	of any clause in your governing document that sets out the circumstances under you might pay members of the governing body, or, for charities registered in d and Wales, this may be authorisation given by the Charity Commission or
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Please tell us abo	out the skills and experience of those on your governing body:
eedback about y organisation, but	etails of a Referee we can contact, who can give us independent your organisation. This should be someone who is not a part of your who knows of your work in a professional capacity. We may contact ing our consideration of your application:
Referee's Full Na	me:
Referee's Email <i>A</i>	Address:



Referee's Con	tact Number:					
Referee's Job	Title/Role and	Place of Worl	(:			
	Defense bed som				-2	
How has the i	Referee had exp	perience of yo	ur organisati	on's activities	S?	



Finance & Budget

nan 18 month				
	sation run at an op e past two years?	erational deficit	, or needed to dip	into your reserv
,				
] No				
-	plain why:			
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] No yes, please e	plain why:			



How much do you have as a financial reserve?
What is your reserves policy?
Please outline below anything unusual about your accounts, ie, if there has been a significant change in reserves, high free reserves, or any large deficit:



Please provide details of the bank account into which Ada & Albert would pay its funding, should your application be successful. If your application is successful, Ada & Albert would need to see proof of this bank account, such as a recent statement or letter from the bank, confirming these details:

Bank Sort Code:
Bank Account Number:
Name of Bank:
What is the Full Name on the Account? (Ada & Albert will only pay into organisation accounts, not personal accounts)
How much will your project cost in total, including any costs for which you are not requesting funding support?



ou are not a sts?	pplying to Ada	& Albert for	full funding,	how will you f	und the remair
his funding	secured? If yes,	please inclu	de full details	s below:	



Please provide a full breakdown of the amount you are asking Ada & Albert to fund for you, outlining what this will be used for, under the following headings:				
What is the total ar	nount you are ask	ing Ada & Albert	to fund:	
How much of this w include details of w		_	= = = = = = = = = = = = = = = = = = =	



fi li t	How much of this will be used for staffing costs, and over what period of time? Please include details of what staffing role, and how they support the service you provide. This figure should include all relevant wages, recruitment, training, pension, National Insurance and staff travel costs. Please list all the job titles of the roles to be funded and the number of hours worked (include salaried staff and sessional workers). Please indicate if these are new or existing positions.				



per incl	How much of this funding will be used to purchase goods or materials, and over what period of time? Please list individually any single items that cost more than £250. Please include details of what these goods will be used for, and how they support the service you provide:					



Please include below details of any additional project support costs you are requesting funding for, which are not covered in the questions above. We will only fund costs for specific purchases that relate directly to the project. We will not fund management costs or overheads calculated merely as a percentage of project costs, nor any costs the organisation would be paying for even if the specific project did not run. Please include details of these costs, what they will be used for, and how they support the service you provide:			



How did you hear about Ada & Albert? Please give as many details as possible. (in through a newspaper article, through word of mouth, from a third-party person or organisation)	
Applicants' Declaration	
I confirm that I have the authority within my organisation to submit an application Ada & Albert on their behalf.	on to
Full Name:	
Job Title:	
Ciamatura.	
Signature:	



Please enter the date in the box below:
How Ada & Albert will use your data
We will use your data to process your application and deal with any queries we may have in relation to it.
We may share the information that you provide to us with people who help us assess and manage our grants; as well as other funders, the police, regulators and those who otherwise have a legitimate interest in the information, or where we have a legitimate interest in sharing the information (including, without limit, to detect, investigate or prevent crimes, dishonesty or grant misuse, or to protect children from harm).
Please sign within this box to confirm that you have read and understood our data policy. By doing so, you confirm that you are happy for us to share your information within the limits outlined above.