Evolve Fund – Sample application form (Round 2)

This is a sample application form for the Evolve Fund (Round 2). You can use this form to draft your answers to questions offline, but your application form must be submitted using the online form via our [grants portal](https://hydehousing.flexigrant.com/).

If you have any questions or need any support with accessing, completing or submitting the application, please contact the Hyde Charitable Trust (HCT) via email at hct@hyde-housing.co.uk.

# Section 1: Introduction

Before drafting the application:

Ensure you’ve read the Applicant guidance notes.

Go through the form and ensure you can answer all questions and meet all requirements.

If you don’t have a business bank account in the name of your group/organisation, ensure it’s the sponsor organisation applying for the grant on your behalf.

Ensure you’re authorised to submit the application on behalf of your organisation.

Ensure you have all documents and policies available for submission.

Create a profile on the [grants portal](https://hydehousing.flexigrant.com) and ensure your and the organisational details are correct and up-to-date. You’ll be able to update these details anytime in the “My contact details” section on the portal.

When completing the application:

Questions with a red star on the grants portal are mandatory and you won’t be able to submit the form without answering them.

Some questions have a maximum word limit (which you’ll find in the question title). Please don’t exceed the word limit as you will be unable to submit the form. Don’t worry if you use fewer words.

The application form doesn’t have to be completed in one go. You can save the form at any time and return to it at a later date.

# Section 2: About your organisation

## About your organisation

If you **don’t have a business account** in the name of your group/collective, please ensure the application is completed and submitted by the sponsor organisation. The sponsor organisation will need to create a profile on the [grants portal](https://hydehousing.flexigrant.com/) and start the application. They will apply and hold the grant on your behalf.

### Name of your organisation

Organisation legal name (as noted on your governing documents)

Name your organisation uses in your day-to-day work (if different)

### Are you a sponsor organisation applying on behalf of a group/collective that doesn’t have a business bank account?

 Yes
 No – no action needed.
**If** **Yes** – please complete questions 2a to 2f

### 2a Will you as a sponsor organisation work with project participants?

 Yes – we’ll ask you to submit your safeguarding policies in Section 5
 No

### 2b Name of the group/collective

### 2c Website (please provide a link to their website if they have one)

### 2d Social media channel (please provide a link to their main social media channel/s, max 20 words)

### 2e Briefly describe the purpose of the group/collective. (max 50 words)

### 2f Please provide a confirmation from the group/collective that you’re authorised to submit the application on their behalf.

This could be a document signed or an email confirmation sent by the representative of the group/collective. The confirmation must include:

Name of the group/collective

Name of the person representing the group/collective and their role

Contact details of the person representing the group/collective

Address of the group/collective or the original email address the email was sent from

Authorisation for you to apply for the funding on their behalf

Date when the document was provided, or email sent

You can upload \*.pdf, \*.doc, \*.docx, \*.jpeg, \*.jpg or \*.msg. Maximum size is 20MB.

### Please provide the contact details of your organisation and the details of the lead person if different to the organisation details.

|  |  |  |  |
| --- | --- | --- | --- |
| Lead organisation | Organisation name | Organisation type | Phone |
|  |  |  |  |

### Website (please provide a link to your website if you have one)

### Social media channels (please provide a link to your main social media channel/s, max 20 words)

### How did you hear about this fund? (max 10 words)

### Briefly describe the purpose of your organisation (max 50 words)

Include your aims, purpose and main activities.

### What type of organisation are you?

Please select the option that best describes your organisation.

 Charitable Incorporated Organisation (CIO)

 Community Interest Company (CIC)

 Company Limited by Guarantee

 Registered charity

 Social enterprise

 Voluntary or Community organisation

 Other (please specify)

**If you are a Voluntary or Community organisation** - please upload your signed Constitution.

You can upload \*.doc, \*.docx, \*.pdf. Maximum size is 20MB.

**If Other** – please specify (max 10 words).

### Please enter the charity number (if applicable)

### Please enter the company number (if applicable)

### Please upload your most recent annual accounts.

You’ll only need to upload your most recent accounts if they **don’t** appear on the Companies House or Charity Commission websites yet. The annual accounts must be less than 18 months old. If you don’t have a set of annual accounts yet, then please attach a signed income and expenditure (or profit and loss) summary for the last 12 months or a cash flow forecast.

You can upload \*.pdf, \*.xls, \*.xlsx, \*.csv. Maximum size is 20MB.

### Please upload a copy of your business bank statement

The business bank statement should be no more than three months old. The three-month period applies from the date when you submitted the application form.

You can upload \*.pdf, \*.jpg, \*.jpeg. Maximum size is 20MB.

### Organisation turnover in the most recent financial year

### How many full-time equivalent staff work for your whole organisation?

By full-time we mean around 37 hours per week.

### **Is there anything else you want to tell us?** (max 100 words)

## About your lead contact

### Name of Lead contact person

This is the person who is authorised to make this application on behalf of your organisation and who will be able to respond to any questions about this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact name | Organisation | Phone | Email | Address complete |
|  |  |  |  |  |

# Section 3: About your project

If you are applying as the sponsor organisation on behalf of another group/collective, then answer these questions about the group/collective.

### What is the name of your project? (max 10 words)

### Please provide a brief description of the work you intend to deliver. (max 50 words)

This will not be assessed but we may use this in our publicity and other materials.

### When will your project start and finish?

Your project must start between **04 March 2024** and **29 March 2024**. The project end date is the date by which you submit the evaluation report.

Start date (DD/MM/YYYY format)

End date (DD/MM/YYYY format)

### Duration of the project (in months).

The minimum duration is 6 months. The maximum duration of the project is 12 months.

### In which area are you planning to deliver your project?

Please select one. If you’re planning to work in multiple areas then select the most significant one. See the Applicant guidance notes (HCT geographical priority areas) for more information.

 East of England – Peterborough, City of
 London – Greenwich Lbc
 London – Harrow Lbc
 London – Lewisham Lbc
 South East – Kent – Dartford Bc
 South East – Kent – Gravesham Bc
 South East – Kent – Maidstone Bc
 South East – Kent – Medway Towns
 South East – Kent – Swale Bc

### Tell us why your project is needed. What are the challenges and/or opportunities you’ve identified in this area and in Hyde communities? What needs to change? (max 150 words)

### How will you deliver your project? (max 150 words)

We are particularly interested in proposals which will work towards our regional priorities for this round (outlined in the guidance). We understand this includes an element of risk and uncertainty.

### How will you work with Hyde residents and how will you know you’re reaching them? (max 150 words)

If you don’t already work with Hyde residents, tell us why you are well-placed to engage with them and how you will achieve this.

### If any, what help or support would you like from Hyde to add value to this project? (max 100 words)

### Is there anything else you’d like to tell us? (max 100 words)

## Participants and sessions

### Who are your intended participants? (select all that apply)

See the Applicant guidance notes for the definitions.

Children and young people

Working-age adults

Older people

### Which of the following groups of people are you planning to work with? (select all that apply)

We’re particularly interested to hear about the participants you’re planning to work with in this project, rather than those whom you work with in general.

People who emigrate (asylum seekers, refugees, people with undocumented status)

People with English as an additional language

People experiencing ethnic or racial inequality

Disabled people

Neurodivergent people

People with special educational needs

People experiencing poverty or economic inequality

LGBTQ+ people

Homeless people or at risk of becoming homeless

Offenders / ex-offenders or people at risk of offending

Victims of crime, violence or abuse

Women and girls

People in care, looked after or care-leavers

People excluded from education, not in education, employment or training

Other – please specify group/s (max 50 words)

### What is the total number of participants your project plans to support?

By core participants we mean those who will attend three or more sessions/events. Please count each participant once and be realistic in your estimates.

Hyde residents – core participants

Hyde residents – other participants

Non-Hyde – core participants

Non-Hyde – other participants

### If the number of Hyde participants is lower than 50% of the total, please tell us why? (max 50 words)

### How many sessions/events do you intend to deliver throughout the grant?

One-to-one sessions

Group sessions

Training sessions for your staff (CPD, workforce development)

Training sessions for your participants

Community and social events

Other (please specify)

## Your organisation and your team

### Tell us about the experience of the team and their track record to deliver similar work successfully. (max 100 words)

If your staff and volunteers haven’t delivered similar work previously then tell us about the support you’ll have in place to ensure the project is successful.

### Which local networks and partnerships is your organisation a member of/engaged with? (max 100 words)

By local we mean networks and infrastructures relevant to the Hyde communities in which you wish to deliver the project.

## Evaluation

### Which one of the HCT’s core themes is the most relevant to your project?

See the Applicant guidance notes for the definitions. Select “Other” if neither fits your project.

Preventing homelessness

Supporting aspirations, choice and employability

Connecting communities

Other

### What one or two changes/outcomes would you like to see as a result of this project? (max 50 words)

Please ensure each of your outcomes is a single short to mid-term change and is linked to the challenge and opportunities which you identified in your answer to the *'Tell us why your project is needed'* question (Question 6).

### What data do you intend to collect that will help you measure and report on your changes/outcomes? (Select all that apply)

Whilst we recognise that you’re collecting a range of data already, please be realistic about the amount of data you collect for the purpose of this grant. The data which you intend to collect should help you evidence the progress towards your expected changes/outcomes as outlined in the previous question. You may find the link to the [Five types of data for assessing your work](https://www.thinknpc.org/blog/5-types-of-data-for-assessing-your-work-an-explainer/) useful.

 Accreditation

 Questionnaires, surveys or feedback forms

 One-to-one or group discussions, or focus groups

 Reflective diaries, observations

 Photos or videos

 Case studies

 Other (please specify)

**If Other** - please specify (max 20 words)

# Section 4: Budget

As well as covering delivery costs, you can include a proportionate share of your organisation’s core costs. Please remember that:

* Your project budget should **cover all activities** (ie project management, comms and publicity, salaries of staff working on the project, evaluation, monitoring and time you’ll spend reporting to HCT, training, travel, rent and venue hire, refreshments etc). These costs will then be paid for by the HCT grant or by match-funding.
* Ensure you allocate and account for some **time for regular contact with Hyde** (equivalent of circa two hours per month) and for networking.
* If you’re applying as a sponsor organisation, then you can only include costs to administer the grant, most of the grant funding must go to the group/collective.
* You **must show how you have calculated** each budget line (eg Youth worker – 5h per week x £14 per hour x 24 weeks = £1,680).
* All staff working on this project should be paid at [the real Living Wage rate or above](https://www.livingwage.org.uk/what-real-living-wage).
* There are **no** **minimum** match-funding requirements, however, we’d like to understand the total cost of running the project. Whatever is not covered by HCT, please include that in the match funding section.
* Where there’s an exchange of money, this would be considered as cash match funding. Where there’s no money exchange involved, this is called in-kind support. Please include both in the match funding section.

### How much will the project cost overall?

### How much are you requesting from HCT?

### Please provide a budget breakdown of your request from HCT. (max 200 words)

As you do this, ensure it’s clear how you’ve calculated each budget line.

### 3a If you prefer, you can upload your project budget in an alternative format.

You can upload \*.xls, \*.xlsx, \*.doc, \*.docx. Maximum size is 20MB.

### Do you need to secure any match-funding from other sources?

This would typically be the **difference** between the overall project cost and your request from HCT.

 Yes
 No – no action needed

**If** **Yes** – please complete questions 4a to 4d.

### 4a How much match-funding do you need to secure from other sources?

### 4b Please provide a breakdown of the match-funding contributions. (max 150 words)

As you do this, ensure it’s clear how you’ve calculated each budget line and what is the source of the match-funding. You can include both cash and in-kind match-funding in this section.

You can include this information in the uploaded project budget.

### 4c How much match-funding have you already secured from other sources?

### 4d If there is any match-funding which you haven’t secured yet, tell us about your plans to meet this. (max 50 words)

### Is the staff working on this project going to be [paid at or above the real Living Wage](https://www.livingwage.org.uk/what-real-living-wage)?

 Yes – no action needed

 No

**If No** – please tell us why? (max 50 words)

# Section 5: Your policies

We’d like to see safeguarding policies from all organisations that will interact with participants in the project.

If you are applying as the sponsor organisation on behalf of another group/collective, then provide information about the policies of the group/collective engaging with the participants. If you, as the sponsor, will also interact with participants then please upload your policies too.

## Safeguarding

### Does the organisation have appropriate safeguarding policies and procedures in place to protect children, young people and vulnerable adults?

 Yes

 No

**If No** – unfortunately, we cannot invest in organisations that do not have safeguarding policies and procedures in place.

### When was the safeguarding policy last reviewed or updated?

HCT encourages a regular review of the safeguarding policy. We request that this is reviewed at least every two years.

Date (DD/MM/YYYY format)

### Please upload the most recent copy of the safeguarding policy/policies (children and young people and vulnerable adults).

You can upload \*.doc, \*.docx, \*.txt, \*.pdf. Maximum size is 20MB.

### Have all people working on this project, who have contact with children, young people and vulnerable adults, had Safeguarding training?

 Yes

 No

**If No** – please tell us why? (max 50 words)

### If you or your partner/s plan to work with children, young people or vulnerable adults within this project, do all staff and volunteers involved in related activities have the appropriate level of DBS (Disclosure and Barring Service) check?

 Yes

 No

 Not applicable

**If Yes** – how often are these checks repeated? *(max 30 words)*
**If No** – please tell us why? *(max 50 words)*

### What is the name and job title of the person(s) in your organisation (and/or another group/collective) who are responsible for the safeguarding of children, young people and vulnerable adults? (Please list all designated and deputy safeguarding leads.)

|  |  |  |
| --- | --- | --- |
|  | Full name | Job title |
| Person 1 |  |  |
| Person 2 |  |  |
| Person 3 |  |  |

## Equality and Diversity

If you are applying as the sponsor organisation on behalf of another group/collective, then answer these questions about your organisation.

### Please tell us about how your project or service is/will be accessible to all intended participants? (max 100 words)

Think about the groups of people you’re planning to work with. Describe the barriers they are or may be facing to accessing and/or actively participating in your project. Tell us about what you will do to remove them.

### How many people are on your senior leadership team?

By senior leadership team we mean your board of trustees or management committee, and people in your organisation responsible for a significant amount of your organisation’s decision-making.

### What percentage of your senior leadership team self-identify as belonging to any of the following group/s? (Please complete relevant fields and enter a number without the percent sign %)

We ask you for this information because we’d like to better understand the organisations we invest in. Your response to this question will not form a part of the application assessment.

If we publish information from this section externally (ie, in our annual impact report), we’ll report on these collectively across all the organisations we fund and will not name or attribute data to any specific organisation.

Disabled people

Neurodivergent people

Women and girls

LGBTQ+ people

Young people (under 25)

People experiencing poverty or economic inequality

People experiencing ethnic or racial inequality

Other – please specify and include a characteristic that is not listed but is important to your organisation (max 50 words)

### 9a If this data is not available then tell us why?

We collect this data but I don’t have permission to share it

We don’t collect this data

We prefer not to share this information

### In your own assessment, does the composition of your senior leadership team reflect the communities that you work with as an organisation?

 Yes

 No

 Not sure
 Prefer not to answer

**If Yes** – what indicators do you use to assess this? (max 50 words)

**If No** – please can you tell us more? (max 50 words)

# Section 6: Declaration

By submitting the application form to Hyde Charitable Trust, you confirm that:

1. You (the lead contact in this application form) are authorised to apply for a grant from the Hyde Charitable Trust on behalf of your organisation (the lead organisation in this application form).
2. You understand that if your application is successful, your organisation is legally responsible for fulfilling the grant requirements and holding the funds.
3. The information given in this application is true and you confirm that the attachments to this application are current, accurate and adopted or approved by the organisation.
4. The costs you wish to cover by this grant are not already covered by other revenue funding.
5. Your organisation is eligible to apply for this Fund.
6. Your organisation will use the grant only for the purposes set out in the project application. Your organisation will not make any changes to the project, or how the grant is to be spent, without the prior agreement of the Hyde Charitable Trust.
7. You understand that you must spend the grant by the date you have specified in our application. You understand that if the grant is not spent within the time frame, the funding may be withdrawn.
8. You will make sure that your organisation (and your partner/s if you apply as the sponsor) keeps the children, young people and vulnerable adults involved in its project safe.
9. You are giving us consent to collect, store, and use your sensitive personal data only for the purposes outlined above. The personal information you have provided will be processed in accordance with the Data Protection Act 2018. For further information, write to Data Protection Officer, The Hyde Group, 30 Park Street, London, SE1 9EQ or see our Privacy Notice on our website: <https://www.hyde-housing.co.uk/privacy/>.

Your name:

Your position in organisation:

Date:

# Section 7: Finishing your application

### You must tick all the boxes that apply to you to confirm that you have uploaded the required information with your application. Please save the attachments clearly and ensure the title of the file includes your organisation name:

 Copy of your signed Constitution (only if you’re a Voluntary or Community organisation)
 Copy of your bank statement (no more than three months old)
 Confirmation/email from group/collective (only if you’re a sponsor organisation)
 Your most recent annual accounts (only if they don’t appear on the Charity Commission or Companies House websites)\*
 Copy of all relevant safeguarding policies from all organisations that will interact with participants in the project. (children and young people, and vulnerable adults)

\* The annual accounts must be less than 18 months old. If you don’t have a set of annual accounts yet, then please attach a signed income and expenditure (or profit and loss) summary for the last 12 months or a cash flow forecast.

### What’s next?

Please ensure you’ve submitted your application and you’ve completed all sections. Incomplete applications will not be assessed. Your completed application will be assessed by our HCT Team and you will receive notification of our decision **on or around 07 February 2024**. A member of our HCT team may contact you if we need to confirm or query something you have written in your application.

If you are successful, we will send you a grant offer letter with a Grant Agreement and Contract which will need to be signed by two members of the leadership team.

If you are unsuccessful, we will write to you with a feedback.