







#### Learning Disabilities Innovation Fund Application form



## Section A About your organisation.

1.Contact details	5
Organisation	
name	
Main contact	
persons name	
Their role in the	
organisation	
Address we	
should write to	
Phone number	
Email address	



#### 2.Your governing documents You

need to send these with the application form.

Constitution	Articles of association	
Trust deed	Rules	

3.Tell us about your organisations aims and the		
main things you do		

4. How many peop	le are part of your group?
Committee	Volunteers
Members	VOICHTOOLS
Paid staff	Members



#### 5. Your bank account

Bank or building	
society name:	
Name of your	
account	

We will pay the grant directly to your account. We will ask for your bank details if you are offered a grant.



Name of our project

# Section B Your project

#### 6.Your project

MY CHARTER  Recopie with learning disabilities want for same things as everyone dees.  Which themes of the charter will		
We have a great we have a great with a second of the secon	ur project support?	
YOU	o can tick more than one.	
My Life, My Rights	My community. My Relationships	
My social life	My Support	
My Health	My Independence	
My Communication		
How much n you asking for	£	
When will your project start?		
When will your project finish?		



# 7.Tell us about the people with learning disabilities you want to support.

#### Tell us:

- where they live
- How many people will you support?
- How will you let them know about the project?



# 8. Tell us how you are co-producing your project with people with learning disabilities.

#### Tell us:

- Who has been involved developing the project?
- How did you work with them?
- How will they help run the project?



### 9. Tell us about your project.Tell us how it will help the charter.

#### Tell us:

- How you will use the money for each part of the charter?
- Why is the money needed?

You can tell us more in your film



### 10. Tell us how your project is new and different.

Tell us how your project will find new ways to support and work with people with a learning disability.



### 11. Tell us how your project willkeep people safe from COVID 19



### 12. Tell us about the good your project will do

Tell us how you will make things better for:

- Your organisation
- Volunteers
- Communities
- People



13. How will you show your project has worked?



## Section C Money



You need to tell us what you will do with the money.



Tell us about any **match funding** you have. You do not need match funding to get this grant.



Match funding is extra money for the project from other funds or grants.



Tick if you are VAT registered

You cannot claim VAT with this grant.



If you are not VAT registered you must give the costs including VAT.



If anything costs more than £500 you need to have 2 quotes.

What you are paying for:	How much (WITH VAT)	How much you are asking for
Match funding		
Total	£	£



We are signing to say all the information in this form is correct.

If we are given a grant we will only use the money for the project we have told you about.

Your organisation name	
Signed by	
Your role in the organisation	
Date	

#### What next?

#### checklist

	I have read all the notes and guidelines	
1	I have answered all the questions	
5 Yournam	I have filled in the declaration.	
	I have kept a copy for me	
No.	I am sending my governing documents	
	I have sent my film	

#### Send your finished form to:



PAVS
36/38 High Street
Haverfordwest
SA61 2DA



#### Or email to:

development@pavs.org.uk

#### **Data protection**



We keep your application in our records. We keep it safe and only share it with the decision panel and the funders.

We may tell other people about successful projects, but we will not share personal information.