**Tampon Tax Fund 2018/19 - Application Form**

Please read the guidance for applicants document in full before completing your application.

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| **Lead organisation:** *[enter name of lead organisation making this application]***Consortium name:** *[enter name, if applicable or type N/A]***Amount of Tampon Tax Funding being requested:** £ *[enter amount]***Does your project include providing onward grants:** YES / NO *[delete as appropriate]***Project name:** *[enter name of the project being proposed for funding]* |

1. **Funding Category**

Please confirm for which funding programme category you are applying:

☐ **Violence Against Women and Girls**

☐ **Mental Health and Wellbeing**

☐ **General Programme** ☐ alcohol and drug abuse

☐ BAME services

☐ education and employment

☐ engaging excluded and vulnerable women through sport

☐ female offenders

☐ gender equality

☐ LGBTQI specific services

☐ multiple complex needs

☐ older women

☐ period poverty

☐ women with disabilities

☐ women with learning disabilities

☐ other, please specify:....................................................................

1. **Lead Organisation Details**

|  |  |
| --- | --- |
| **2.1 Organisation name:** |  |
| **2.2 Organisation website:** |  |
| **2.3 Organisation address:**  |  |
| **2.4 Organisation postcode:** |  |
| **2.5 Organisation country:** | *[e.g. England, Scotland, Wales or Northern Ireland]* |
| **2.6 Organisation legal status:** | *[e.g. Charity registered in the charity commission website, a corporate body (ltd), a community interest company, a cooperative, an independent provident society, new charitable incorporated organisation (CIO), other…]*  |
| **2.7 Organisation charity commission or Companies House number:** |  |
|  |
| **2.8 Main contact name:** |  |
| **2.9 Main contact job title:** |  |
| **2.10 Main contact email:** |  |
| **2.11 Main contact phone number(s):**  |  |
|  |
| **2.12 Number of full time equivalent (FTE) staff employed by the lead organisation:**  |  |
| **2.13 Number of volunteers engaged with the lead organisation’s activities:** |  |
| **2.14 Overview of the lead organisation’s main activities:** |
| *[No more than 150 words]* |

1. **Tampon Tax Fund Project Overview**

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| --- | --- |
| **3.1 Project name:** |  |
| **3.2 Details of all partner organisations involved in this project** (if applicable,i.e. if applying as part of a consortium)**:** | *[Organisation name:**Website:**Role in the project:**Contact name:**Contact email:**Partnership agreement in place:]* |
| **3.3 Project Introduction and Need:** |
| *[In no more than 350 words, provide the background to your project. Please also use this section to detail the need for your project]* |
| **3.4 Project Aim:** |
| *[50 words]* |
| **3.5 Project Description:** |
| *[No more than 350 words - This should include clear description of the activity that will be carried out using the funding, including timelines and resource needed]* |
| **3.6 Project location(s):** | *[Delete as appropriate]*England - *[specify regions, if appropriate]*Scotland - *[specify regions, if appropriate]*Wales - *[specify regions, if appropriate]*Northern Ireland - *[specify regions, if appropriate]* |
| **3.7 Project fit with funding category specific criteria:** |
| *[In no more than 400 words, explain how your project fits with the category specific criteria as set out in the guidance for applicants document]*  |
| **3.8 Project fit with government and local authority strategies and services:** |
| *[In no more than 350 words, set out how your project complements government or local authority strategies and services relevant within the regions and/or devolved administrations in which the project will be delivered]*  |
| **3.9 If your project includes delivering onward grants to smaller charities and organisations, describe the mechanism by which those grants will be awarded and managed:** |
| *[No more than 350 words, to include overview of any due diligence processes]* |
| **3.10 Project outputs:****England****Scotland****Wales****Northern Ireland** | *[Please list the outputs, e.g. number of sessions delivered, number of beneficiaries supported, that will result from this project across the United Kingdom]* |
| **3.11 Project outcomes:****England****Scotland****Wales****Northern Ireland** | *[Please list the outcomes across the United Kingdom that will result from this project]* |
| **3.12 If the Tampon Tax Funded project described above forms part of a wider project or programme, please:****a) describe the wider project or programme;****b) explain how the Tampon Tax Funded project fits in:** |
| *[No more than 450 words, if not applicable please type N/A]* |

1. **Tampon Tax Fund Project Delivery (when, where, who and how)**

|  |  |
| --- | --- |
| **4.1 Project start date:** | dd/mm/yyyy |
| **4.2 Project completion date:** | dd/mm/yyyy  |
| **4.3 Key milestones:** | *[Date: Milestone**Date: Milestone**Date: Milestone**Include as many as required]**Please attach a project plan or Gantt chart to provide further clarity.*  |
|  |
| **4.4 Project location and reach:** | *[Where will project activities take place? (i.e. which specific local areas will the project benefit?)]* |
|  |
| **4.5 Project beneficiaries:** | *[Who are the proposed beneficiaries of the project? How will you reach and involve them? How many will there be?]* |
| **4.6 Project team:** | *[Who will manage and deliver the project?* *Please list all roles; indicate the number of each role required and provide a summary of the role responsibilities.**Please provide names against roles already filled and indicate which need to be recruited.**Please indicate the number of volunteers who will support project delivery and indicate their roles]* |
|  |
| **4.7 Capability and capacity to deliver the project:** |
| *[In no more than 250 words, provide evidence to demonstrate that:** *your organisation has delivered projects of a similar scope and / or scale;*
* *If providing onward grants, that you have previous experience of this;*
* *specialist expertise is in place, or will be recruited, to run and manage project activities]*
 |
| **4.8 Project delivery:** **April-June 2018****July-September 2018****October-December 2018****January-March 2019****April-June 2019****July-September 2019****October-December 2019****January-March 2020** | *[In bullet points, list all the activities and associated outputs that will be delivered in this quarter of your project. This should be as succinct and specific as possible; evidence of need, additionality, and reach is provided elsewhere on the form. If your project will be delivered across more than one of England, Scotland, Wales or Northern Ireland, please clearly set out the activities to take place in each]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project]**[List all the activities and associated outputs that will be delivered in this quarter of your project - please note that all Tampon Tax Funded activities must be completed no later than 31st March 2020]* |
| **4.9 Monitoring, Evaluation and Learning:****Evidencing outputs****Measuring and demonstrating outcomes and impact****Measuring, demonstrating and reporting outcomes and impact of any onward grants delivered as part of your project****Lesson learning and sharing**  | *[Explain what data and records you will collect in order to evidence project outputs. How will you ensure that you can attribute outputs to Tampon Tax Funding?]**[How will you measure and be able to demonstrate the outcomes and impact of your project? How will you attribute outcomes to Tampon Tax Funding?]**[If applicable, how will you measure and be able to demonstrate the outcomes and impact of onward grants delivered as part of your project? How will you attribute outcomes to Tampon Tax Funding?]**[How will lessons learned be a) used to inform best practice within your own organisation and b) shared more widely to support others across the United Kingdom?]* |
|  |
| **4.10 Long term sustainability:** |
| *[In no more than 250 words, provide plans for ensuring the sustainability of the project beyond the lifetime of the funding, i.e. please explain how the benefits of this project will continue to be delivered after the funding from this grant has finished, please provide timescales]*  |
| **4.11 Equal opportunities and diversity:** |
| *[In no more than 250 words, describe how your project is inclusive and operates within an equal opportunities and diversity framework. Are there any specific minority or equality issues relating to this project and the proposed beneficiaries that you have considered? Where available, please also attach your organisational equality and diversity statement]*  |
| **4.12 Safeguarding arrangements for children and vulnerable adults:** |
| *[If applicable, please include details of arrangements for safeguarding children and vulnerable adults participating in this project]*  |

1. **Project Finances**

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| --- | --- |
| **5.1 Total project cost:** | £ |
| **5.2 Amount of Tampon Tax Funding requested:** | £ |
| **5.3 Please show the split of requested Tampon Tax Funding across:****England****Scotland****Wales****Northern Ireland** | ££££ |
| **5.4 If Tampon Tax Funding does not make up the entire project cost, what funding makes up the remaining balance?** | *[Funding organisation: £X**Funding organisation: £X**Funding organisation: £X**Please confirm the above funding has been secured and will be available for the start of your project]* |
| **5.5 Free reserves:**(If your organisation holds over 12 months of free reserves we would expect you to contribute part of this to the project). **Free reserved held by your organisation****Number of weeks’ running costs your free reserves represent?****Free reserves to be spent on this project?** | £ *[Please attach a balance sheet or statement of assets and liabilities as in your latest accounts]*£ *[If you have free reserves of more than 12 months’ running costs, but are not spending any of these on the project, please explain why]* |
|  |
| **5.6 If providing onward grants as part of your project, please state how much will be distributed for this purpose:****Of the total project cost**Split across the United Kingdom as shown**Of the Tampon Tax Fund grant**Split across the United Kingdom as shown | Total £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £Total £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £ |
| **5.7 Cost per Beneficiary:**(Total Tampon Tax Funding Requested divided by the total number of beneficiaries supported by Tampon Tax Funded project) | £ / Beneficiary*[Please provide explanation and justification for the cost per beneficiary. This could include noting where you are intending to work with complex cases which could be very expensive per person vs. where you may be running broader workshops which may be open to larger numbers of beneficiaries]* |
|  |
| **5.8 Project Budget:****(Please also attach a detailed budget breakdown)** | *[Confirm that you have completed and attached a project budget, and use this space to provide any additional commentary.**You should use the following cost categories as your starting point:** *rent and other estates overheads*
* *staff costs including NI and pensions*
* *travel and subsistence*
* *agency staff / consultancy*
* *recruitment costs*
* *IT*
* *promotional costs*
* *training costs for staff and volunteers*

*training costs for beneficiaries/ service users** *monitoring and evaluation costs*
* *dissemination of lessons learned / best practice*
* *other Please specify.*

*You should make financial quarter and financial year totals clear - DCMS pay in arrears and work to a financial year of 1st April-31st March.**If you are funding more than one geographical area (i.e. more than one of England, Scotland, Wales and Northern Ireland) please ensure your budget clearly sets out this information.**If you are proposing to fund the project from multiple sources please indicate how much money from this grant will be assigned to each line of expenditure]* |
| **5.9 Proposed drawdown schedule:****Month of Claim** (claim period)**Jul 2018** (for period Apr-Jun 2018)**Oct 2018** (for period Jul-Sep 2018)**Jan 2019** (for period Oct-Dec 2018)**Mar 2019** (for period Jan-Mar 2019)**Jul 2019** (for period Apr-Jun 2019)**Oct 2019** (for period Jul-Sep 2019)**Jan 2020** (for period Oct-Dec 2019)**Mar 2020** (for period Jan-Mar 2020) | **Payments in arrears:***[Based on your budget, please indicate how much you wish to draw down for each claim period from each of the devolved administrations, i.e. if delivering in more than one of England, Scotland, Wales and Northern Ireland you will need to:*1. *be able to detail project activities and therefore expenditure in each;*
2. *provide claims that use this detail to breakdown costs by administration.*

*You will submit all claims to DCMS, but we are required to confirm to each devolved administration the amount of funding that is being allocated in each area]**[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £*[England]* £*[Scotland]* £*[Wales]* £*[Northern Ireland]* £  |
| **5.10 Payments at Point of Need:** |
| *[Payments will made in arrears and only paid in advance by exception. If you require payments at the point of need, please use this box to explain and justify your reasons. You must also provide evidence which meets one or more of the criteria below:**a. you do not have enough working capital to start the project, such as costs for a recruitment process to staff the project;**b. without advance payment you would be forced to breach internal policies to cover the costs e.g. forced to use too much of your free reserves or you do not have any free reserves;**c. the project includes making onwards grants. In this case we will need you to demonstrate how you will ensure you pay onwards grants in arrears and only pay onward grants in advance of need when the same above conditions apply;**d. where there are specific legal barriers to an organisation reclaiming costs in arrears.**Please also amend the above drawdown schedule to show when you will need funding – your request will be considered as part of the assessment process]* |
| **5.11 Financial management:** |
| *[You will be expected to detail and evidence expenditure on a quarterly basis when making drawdown requests. Please describe the financial management systems and processes you will put in place to ensure you can account, on a quarterly basis, for Tampon Tax Fund expenditure accurately and transparently. This may include separate cost centres, separate bank accounts, clear roles and responsibilities within your finance team, etc.]*  |
| **5.12 Maximising value for money:** |
| *[In no more than 250 words, explain how you will achieve value for money, including through minimising costs and maximising efficiency]* |
| **5.13 If offered less funding:** |
| *[In no more than 250 words, explain potential options, if you have them, for scaling back the project should less funding be awarded (please consider the impact on deliverable activities, outputs, outcomes)]* |

1. **Mandatory Documentation Checklist**

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| --- | --- |
| **Document Required and attached:** | I |
| 1. Fully completed application form

*[a signed copy as a PDF and a version in word format]* |  |
| 1. Copies of all partnership agreements signed with each of the project partners (alternatively, correspondence from an authorised representative at each partner organisation confirming involvement in this project and acknowledgment of this application)

 *[Where applicable]* |  |
| 1. Gantt chart or project plan

*[Optional]* |  |
| 1. Organisational equality and diversity statement

*[Where available]* |  |
| 1. Copy of annual report and audited or certified accounts, covering the last two years

  *[Or similar published information about your organisation if available. If you are a new organisation, please provide a projection of your first year of activity. Please note: in the event your last financial year end was more than 6 months ago we may request further accounting information at a later date as part of our due diligence process]* |  |
| 1. Detailed budget breakdown
 |  |
| 1. Evidence in support of request to be paid at point of need, rather than in arrears

 *[If applicable]* |  |
| 1. Signed Constitution, Rules, Articles of Association or similar
 |  |
| 1. Contact details for two referees from a minimum of two organisations that have previously funded you to deliver a project

*[If possible please ensure one reference is from a government or local government organisation.* *Please indicate if you are a new organisation without references]* |  |
| 1. Details of any grant funding you have received from a government or local government organisation in the last 5 years

*[Details should be laid out simply and include the value of the grant, start and end dates, and a 50 word max description of aims. If you have received more than 5 grants in the last 5 years please include details of the most recent grant received and the four highest value grants in the period]* |  |

1. **Authorisation**

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| --- |
| **Data Protection Act 1998 and Freedom of Information Act 2000**The Department for Digital, Culture, Media and Sport is a public body and may have to disclose contents of this application on request. This application may also be shared with the Governments of England, Wales, Scotland and Northern Ireland as relevant. If successful in securing Tampon Tax Funding, this application form may need to be made publically available in full. The Department for Digital, Culture, Media and Sport is the data controller for the purpose of the Data Protection Act 1998.By proceeding to complete and submit this form, you consent that we may process the personal data (including sensitive personal data) that we collect from you, and use the information you provide to us, in accordance with our Privacy Policy. |

I declare that I have the authority to represent *[insert name of organisation]* in making this application.

I understand that acceptance of this application does not in any way signify that the project is eligible for Tampon Tax Funding or that funding has been approved towards it.

On behalf of *[insert name of organisation]*, I confirm that:

* *[insert name of organisation]* has the legal authority to carry out the project; and
* The information provided in this application is accurate.

Signature: ………………………………………… Date: ……………………………..

Name: …………………………………………

Role: …………………………………………

**Completed applications should be returned to the Tampon Tax Fund team at:** **ttf@culture.gov.uk****.**

Please note:

* **the deadline for applications is midnight on Sunday, 28th January 2018**;
* all applications received by the closing date will be assessed following the closing date;
* any applications received after the closing date will not be assessed;
* all information and guidance relating to this round of funding can be found on gov.uk;
* as the application process is competitive, the Tampon Tax Fund team are not able to answer individual questions or respond to requests for support in completing the application.