

Voluntary and community sector

INNOVATION FUND 2012-13

Application form

Please type or write clearly in black ink

1. Name of [lead] organisation

Address of [lead] organisation:

1a. If the application is from a consortium or partnership – list the organisations included in this application:

2. Name and details of contact person (ensure that this is someone that can be contacted during the assessment period of 29th January to 1st February 2013)

Name:

Telephone number:

E-mail:

3. Provide details of all the funding you received from Southwark Council in 2012/13 (add rows as necessary)

Amount	Name of Project	Department	Name of link officer
£			
£			

4. Provide details of all the funding you expect to receive from Southwark Council in 2013/14 (add rows as necessary)

Amount	Confirmed Y/N	Name of Project	Department	Name of link officer
£				
£				

4. Provide details of all the funding you expect to receive from Southwark Council in 2013/14 (add rows as necessary)

Amount	Confirmed Y/N	Name of Project	Department	Name of link officer
£				
£				

5. Provide details of the total income you expect to receive from Personal Budgets and self funding customers in 2012/13 & 2013/14

Year	Projected PB income	Projected self funding income	Other service income
2012/13	£	£	£
2013/14	£	£	£

6. Provide an outline of your proposal; the category/ies you are bidding under; and indicate which criteria are met and how:



7. How much funding are you applying for?

8. Outcomes: explain how this proposal will help your organisation become more sustainable and how will you evidence this.

9. Give a breakdown on how you will spend the grant (expand the rows as necessary)

Item	Amount
TOTAL	

10. Provide your bank account details

Name of bank:

Address of bank:

Account number:

Sort code:

11. Provide details of alternative sources of funding that you have applied for in the last 12 months (add rows as necessary)

Funding body	Amount	Purpose	Outcome / Date by which outcome will be known	Funding awarded (yes/no)

Declaration

To the best of my knowledge, the information I have provided on this application form is correct and accurate. I have read and will accept the Council's Conditions of Grant Aid if my application is successful.

Your name:

Your position:
(must be Management Committee member)

Your signature:
(scanned signatures will not be accepted)

Dated:

Please send your completed application by 2pm on Monday 28th January 2013 to:

**Peta Smith
Adult Social Care Commissioning
4th Floor, Hub 4
Southwark Council
P.O. Box 64529,
London SE1 5LX**

Or email: peta.smith@southwark.gov.uk