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|  | | | **APPLICATION FOR REGION GRANT**  Region Unit Support Grant | | | | | |
| The unit support grant is available for all units to apply for support to maintain or grow guiding in their areas.  The funding has been made possible thanks to the Department for Digital, Culture, Media and Sport and Pears Foundation, as part of the DCMS Community Match Challenge (CMC), alongside additional funds raised by our amazing members during the Act your Age challenge in partnership with BBC Children in Need.  The funds are limited, so please do get your applications submitted as quickly as possible, as we will be allocating them on a first-come, first-served basis to those fulfilling the criteria and providing the necessary evidence in line with the fund conditions.  Aims of the grant To provide financial support to:   * Increase the number of young members. * Increase the number of volunteers, so more young members can join. * Retain existing members so they can continue to be a part of guiding. * Help keep units open * Support guiding in all areas.   Guidelines Please read these guidelines carefully before completing the application form.   * The maximum amount that can be applied for is £200 per registered unit and only 1 application per unit is allowed. * The unit must have a registered bank account and be able to provide unit accounts (for the last 6 months for new units) or signed, independently reviewed accounts from the end of the previous financial year). * It is a requirement of the funding that you report back to us on how the grant has been used:   + We will contact you three months after the grant has been awarded to find out how it has assisted with supporting or growing guiding in your area.   + After six months, you will be contacted again, and if the amount applied for has not been spent, the funding will be required to be returned to Girlguiding LaSER (London and South East Region). * You will need approval from either your County, Division or District Commissioner * Applications will only be accepted from units within LaSER. * If your grant application is unsuccessful LaSER will let you know.   Items covered by this grant   * Annual subscriptions. (Retrospective in the case of 2022) * Equipment or materials to support face-to-face guiding (indoor or outdoor), such as Covid safety materials including sanitiser and masks. * Equipment or software to support virtual guiding, for example activity packs. * Materials or expenses related to at-home guiding. * Training. * Venue costs, such as hall rent. * Volunteer recruitment or retention. * Young member recruitment or retention * Other purchases that will help your unit to stay open.   Items not covered by this grant   * The grant cannot be used to buy or improve a meeting place.   Application form:  Please complete this application and return by e-mail to growthandretention@girlguidinglaser.org.uk.  Or please print and send to:  Girlguiding London & South East England 3 Jaggard Way, Wandsworth Common, London SW12 8SG  When will I receive this grant?  We will process grants on a first come basis. You will be notified by e-mail if your grant application is successful or not and we will make payment shortly after this.  If you require any further information regarding the grant, you can contact the Region Office on  020 8675 7572 or email: growthandretention@girlguidinglaser.org.uk | | | | | | | | |
| **Application for Unit Support Grant** | | | | | | | | |
| Amount applied for max £200): | | |  | Have you received previous URC funds in the last year? | | | Yes/No | |
| * Complete all parts of the form below. * Send the form to your local commissioner for signature and onward submission. | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | |
| Name of applicant: | | |  | | | | | |
| Address: | | |  | | | | | |
| *(If application is on behalf of a unit/district/division give commissioner/leader contact details)* | | | | | | | | |
| Amount applied for (max £200): | | |  | | | | | |
| **Name of unit** | |  | | | | | | |
| Unit registration number/unit level number (from GO) | |  | | | Unit registered start date |  | | |
| Leader’s name | |  | | | Membership number |  | | |
| Postcode of unit meeting place | |  | | | Girlguiding county |  | | |
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| **Provide bank account details for the unit that you are applying for** | | | | | | | | |
| Name of unit | |  | | | | | | |
| Account number | |  | | | Sort code |  | | |
| \*Please provide a copy of a void paying in slip as proof of the unit bank account | | | | | | | | |
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| ***PURPOSE OF REQUEST*** | | | | | | | | |
| Why do you require this grant?  Please select one of the below. You will be asked to give more detail in the next section | | | | | | | |
|  | To increase the number of young members in the unit | | | | | | |
|  | To increase the number of volunteers in the unit so more girls can take part | | | | | | |
|  | To retain the number of volunteers/young members (delete as appropriate) so they can remain a part of guiding | | | | | | |
|  | To help keep my unit open | | | | | | |
|  | To support guiding in my area | | | | | | |
|  | Other (please specify) | | | | | | |

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| **How many young members and volunteers are active in your unit?** (Please note, for a member to be considered ‘active,’ they must have a record on GO) | | | | | | | | |
| Young Members |  | | Volunteers |  | | Current Enquiries | |  |
| **During 2021 how many meetings did your unit have?** | | | | | | | | |
| Face to Face |  | | Outdoors |  | | Virtual | |  |
| **Does your unit claim Gift Aid?** | | | | | | | | |
| Yes |  | | No |  | | In the process of being set up | |  |
| **If applicable, how many more young members or volunteers will the unit be able to take as a result of this grant?** (Please base the figure on the number of girls who have registered on GO or are on waiting to join/transfer lists) | | | | | | | | |
| Young member total | |  | | | Volunteer total | |  | |

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| **OTHER GRANTS APPLIED FOR RELATED TO THIS PROJECT** | | | | | | |
| Please list the persons to whom you have applied for grants/assistance with this project.  Give the amounts applied for and whether you have been successful.  (Continue on a separate page if necessary.) | | | | | | |
| **BODY/PERSON APPROACHED** | | | **AMOUNT (£) APPLIED FOR)** | | **AMOUNT AWARDED /**  **UNSUCESSFUL / PENDING** | |
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| **APPLICATION SUPPORTED & SIGNED BY** | | | | | | |
| Name of County/Division/District Commissioner: | | |  | | | |
| Signature of Commissioner: | | |  | | | |
| (Please add any additional information that you may consider appropriate) | | | | | | |
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| **Payment of grants** | | | | | | |
| Applicants will be informed as soon as possible of the outcome of their application For queries: Tel: 020 8675 7572 Email: growthandretention@girlguidinglaser.org.uk | | | | | | |
| **NOTE:**  **IF YOUR APPLICATION IS SUCCESSFUL.** GRANTS WILL BE MADE PAYABLE TO THE INDIVIDUAL’S UNIT OR AREA AS APPROPRIATE IE. DISTRICT OR DIVISION.  GRANT MONIES NOT ULTIMATELY USED BY THE APPLICANT FOR THIS PROJECT SHOULD BE REPAID TO THE REGION SO OTHER MEMBERS CAN MAKE USE OF THESE FUNDS.  Internal use ONLY: | | | | | | |
| Amount of grant: | | **£** | | | | |
| Authorised by: |  | | | Date: | |  |