**Application for Reading Integration Board (RIB)**

**Projects Grants 2023/24**

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| **Requested information to be completed by the Requesting Organisation** | |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Organisation Name: |  |
| Organisation Address: |  |
| Organisation Charity Number: *(If applicable):* |  |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account name:** |  |
| **Sort code:** |  |
| **Account number:** |  |
|  |  |
| **1. Request Value** | |
| £ xxx……………………………………………………………………………………………….………………  ………………………………………………………………………………………………………………………  *[Set out the amount of grant for which you wish to apply]* | |

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| **2. Please set out the purpose for the funding** |
| [*Please state what the funding will be used for, e.g. to provide more people to do xx, to set up a new service / expand a service –* ***indicate which priority you are bidding against (see Guidance)****]* |

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| **3. Please set out the proposed outcomes from the funding** |
| [*Please state the expected outcomes from the use of the funding, e.g. address x cases of y issue to prevent cases escalating to crisis or hospital admission. If not covered above, please advise scope (number of people/ cases) you are seeking to support]* |

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| **4. What makes the proposal unique?** |
| *[e.g. only group offering such services, building on existing relationships with a specific cohort, etc]* |

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| **5. Other Funding Sources** |
| *Please provide details of other funding sources you are receiving for this area of activity*   |  |  |  |  | | --- | --- | --- | --- | | **Amount £** | **Purpose** | **Funder** | **Time frame** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| **6. Key Performance Indicators (KPIS)** |
| *Please provide 3 Key Performance Indicators for this service that we can use to monitor progress and the impact of the service on Reading residents.* |