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**Amser Grant Scheme 2025-26**

**Short Breaks for Unpaid Carers**

**APPLICATION FORM**

**The deadline for submitting your application is 12 noon on the 27 June 2025.**

* Please speak to a member of staff from either Interlink RCT or Voluntary Action Merthyr Tydfil before submitting your application.
* You can apply for up to £10,000 for a project that takes place between 1 August 2025 and 31 March 2026.

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| **Main Contact Details** |
| Organisation name |  |
| Address |  |
| Contact name |  |
| Phone |  |
| Email |  |

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| **About you** - please tell us about your organisation (maximum of 250 words) |
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| **Previous experience** - please tell us about any previous experience of supporting unpaid carers and the person they care for (maximum of 250 words**)** |
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| **Your Project** |
| Where will the project take place? | [ ]  Rhondda Cynon Taf[ ]  Merthyr Tydfil |
| Who will your project support? | [ ]  Unpaid carer[ ]  Unpaid carer and person they care for |

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| 1. **Project proposal** - please describe in detail your project, telling us what you plan to do and how it will benefit unpaid carers and the person they care for (maximum of 500 words).
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| **Providing access to new unpaid carers** - how will you promote your project and encourage new unpaid carers to access the project, for example, from under-represented groups/communities such as male carers, young carers, carers from LGBTQ+ and minority ethnic communities (maximum 250 words)? |
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| **Project monitoring and evaluation** – please tell us how you aim to capture evidence of: * Who your project will benefit
* How they will benefit
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| **Project Monitoring** **Support** - do you want support to monitor and evaluate your project?  |
| ☐ Yes please[ ]  No thank you |

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| **Project costs** |
| Please provide a breakdown of the project costs. | Item | Cost |
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| Will you be providing any match funding for this project(including ‘in kind’ or volunteering? | [ ]  Yes[ ]  NoIf ‘Yes’ please provide details of the amount: |

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| **Account details** |
| Bank/Building Society Name |  |
| Bank/Building Society Address |  |
| Sort Code |  |
| Account Number |  |
| Building Society Roll Number |  |

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| **Declaration** - we confirm we are authorised to sign this application and that the information provided on this application form is correct.  |
| **Signatory 1**  |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| **Signatory 2**  |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |

Please send your completed application by **12 noon 27 June 2025 t**o grants@interlinkrct.org.uk .

**If successful, you will be required to provide (please contact us if you need help with this):**

* Your most recent accounts and bank statement
* Evidence of Public Liability and Employer Liability Insurance
* A Safeguarding Policy
* A risk assessment for any project activities