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| Cyfeirnod  At ddefnydd y swyddfa yn unig |

Ffurflen Gais Rhaglen Grantiau Cymunedau Dementia Ymwybodol 2019/2020

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| Adran 1  **Gwybodaeth gyffredinol – Grŵp / Mudiad** |

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| **1.1 Enw’r Grŵp / Mudiad sy’n gwneud cais am grant:** |

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| **1.2 Enw’r unigolyn sy’n cyflwyno’r cais:** |

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| **1.3 Swydd yn y Grŵp / Mudiad:** |

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| **1.4 Cyfeiriad:** |

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|  | **Cod post:** |  |

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| **Rhif ffôn/symudol:** |  |
| **E-bost:** |  |
| **Gwefan y mudiad:** |  |
| **Tudalen Gweplyfr:** |  |
| **Trydar:** |  |

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| **1.5** Pryd sefydlwyd eich grŵp/cwmni budd cymunedol? (Mis/Blwyddyn) | | |  |
| * 1. Os yw eich grŵp/mudiad yn elusen/cwmni cofrestredig, rhowch y rhif cofrestru yma, os gwelwch yn dda: | | | |
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| * 1. Faint o aelodau Pwyllgor sydd gennych chi? | |  | |
| * 1. Faint o staff cyflogedig sydd gennych chi? | |  | |
| * 1. Faint o wirfoddolwyr sydd gennych chi? | |  | |

**1.10** Beth yw prif amcanion eich grŵp / mudiad, a pha wasanaethau a gweithgareddau ydych chi’n eu darparu?

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Adran 2

**Manylion am eich Prosiect**

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| **2.1** Rhowch fanylion am y gwasanaeth / gweithgaredd yr hoffech chi ei ddarparu trwy ateb yr isod     * Dywedwch wrthym ni **pam** bod angen y grant a **sut y bydd yn cael ei ddefnyddio**. * Gofynnir i chi gynnwys beth fydd **nodau’r prosiect** fel rhan o’ch ateb, os gwelwch yn dda. * Disgrifiwch y **deilliannau a’r effaith** rydych chi’n dymuno eu cyflawni trwy gyfrwng y grant hwn. * Sut fyddwch chi’n **mesur effaith** yr hyn mae eich prosiect/gweithgaredd wedi’i gyflawni? |

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| **2.2** Dywedwch wrthym ni **pwy fydd yn elwa o’r prosiect** a **sut y bydd eich gweithgaredd yn cynyddu ymwybyddiaeth** am ddementia yn eich cymuned. Rhowch amcangyfrif o gyfanswm nifer y bobl a fydd yn elwa o’r prosiect. | |

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| **2.3** Sut fyddwch chi’n **ymgysylltu** gyda phobl a mudiadau a grwpiau eraill yn eich ardal leol? Sut fydd pobl gyda demensia a’u teuluoedd **yn cael eu cynnwys** eich prosiect chi? | |

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| **2.4** Pa **wahaniaeth** wnaiff y grant hwn ei wneud i’ch ardal leol, a sut fydd o’n **cynyddu ymwybyddiaeth** am ddementia a’i heriau? |

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| **2.5** Pa rwystrau neu heriau ydych chi'n eu disgwyl i'r prosiect? Yn eich barn chi, sut y gallai CGGSDd eich cefnogi chi? Ewch i'n gwefannau, [www.dvsc.co.uk](http://www.dvsc.co.uk) a [www.dementiaymwybodolsirddinbych.com](http://www.dementiaymwybodolsirddinbych.com) i gael gwybod mwy am ein gweithgareddau. |

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| |  | | --- | |  |     **2.6** Sut ydych chi'n rhagweld parhau â'ch prosiect neu fenter fel ei fod yn **gynaliadwy**? | |

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| |  | | --- | | **£** | | **£** |   **2.7** Dywedwch wrthym ni faint o arian rydych chi’n ymgeisio amdano  **2.8** A chyfanswm cost y prosiect (os yw’n wahanol i’r uchod)   |  |  | | --- | --- | | Rhowch fanylion y costau isod, os gwelwch yn dda: | | | **Eitem** | Cost | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ |   Nodwch: y grant uchafswm a ddyfernir yw hyd at £1000 i grwpiau neu fudiadau’n gweithredu yn Sir Ddinbych ac y gellir defnyddio cyfran o’r cyllid ar gyfer gwariant sy’n ymwneud â chynnal gweithgareddau neu wasanaethau i gynyddu ymwybyddiaeth am ddementia, yn cynnwys digwyddiad dathlu ar ddiwedd y prosiect.   |  |  |  | | --- | --- | --- | | * 1. Os ydych chi’n gofyn i ni gyllido eich prosiect yn rhannol, dywedwch pa gyllidwyr eraill rydych chi wedi gofyn am gyllid ganddynt ac a fu’r ceisiadau hynny’n llwyddiannus. | | | | **Cyllidwr** | **Swm** | **Aros am ateb / Llwyddiannus** | |  |  |  | |  |  |  | |  |  |  | |

**2.10** Dywedwch wrthym ni am hyd y prosiect (dyddiad o / tan) a’r lleoliad.

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| Dyddiad: Tan: |

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| Ardal ddaearyddol: *(h.y. prif dref(i) / pentref(i) neu Sir Ddinbych gyfan)* |

**2.11** Hoffem i’r rhai sy’n llwyddiannus o ran derbyn grant gymryd rhan mewn cynllun peilot i werthuso effaith y rhaglen grant hon. Petaech chi’n llwyddiannus, nodwch a fyddech chi’n fodlon cymryd rhan yn y cynllun peilot hwn, os gwelwch yn dda.

Yn fodlon / Ddim yn fodlon / Ddim yn gwybod

**2.12** A oes unrhyw beth arall yr hoffech chi ei gynnwys neu ei ddweud i gefnogi eich cais?

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| Rhowch eich manylion ariannol, os gwelwch yn dda, a chadarnhau nifer y llofnodwyr sy’n ofynnol er mwyn tynnu arian o’r cyfrif   |  |  | | --- | --- | | Enw Deilydd y Cyfrif |  | |

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| Cod didoli |  |  |  |  |  |  | Rhif y cyfrif |  |

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| Rhif cofrestr Cymdeithas Adeiladu (os yw’n berthnasol) |  |

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| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | Nifer y llofnodwyr sy’n ofynnol i dynnu arian o’r  cyfrif |  | |   **Datganiad – Grŵp / Mudiad** | |
| Rwy’n cadarnhau, ar ran y Grŵp / Mudiad [sy’n gweithredu yn Sir Ddinbych] sy’n cyflwyno’r cais, fod gen i’r awdurdod i gyflwyno’r cais hwn a bod y wybodaeth a ddarparwyd gennyf i yn wir ac yn gywir. | |
| Llofnod: |  |
| Dyddiad: |  |
| **Dylech lenwi’r ffurflen gais hon erbyn** **30/06/19** a’i hanfon i’r Rhaglen Grantiau Cymunedau Dementia Ymwybodol, d/o Cyngor Gwasanaethau Gwirfoddol Sir Ddinbych, Canolfan Naylor Leyland, Stryd y Ffynnon, Rhuthun, Sir Ddinbych, LL15 1AF neu **e-bost i:** [**sectorsupport@dvsc.co.uk**](mailto:sectorsupport@dvsc.co.uk) | |

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| **Gwnewch yn siwr eich bod chi’n cynnwys yr isod gyda’r ffurflen gais wedi’i llenwi, os gwelwch yn dda**: | | |
|  | * Cyfansoddiad neu set o reolau’r Grŵp/Mudiad sy’n cyflwyno’r cais. Rhaid i’r cyfansoddiad wedi ei lofnodi a’i ddyddio fel cyfansoddiad wedi’i fabwysiadu. |  |
|  | * Copi o’ch Datganiad Cyfrifon Blynyddol diweddaraf – rhaid i’r Datganiad fod wedi ei ddyddio a’i lofnodi fel cofnod cywir o weithgareddau ariannol y Grŵp/Mudiad. Os ydych chi’n grŵp newydd nad yw wedi bod yn gweithredu am flwyddyn gyfan eto, anfonwch gopi o’ch datganiad banc/cymdeithas adeiladu diweddaraf, os gwelwch yn dda, gydag amcangyfrif o’ch incwm a’ch gwariant yn y flwyddyn gyntaf. |  |
|  | * Copi/ïau o ddyfynbrisiau/amcanbrisiau a ddefnyddiwyd i gyfrifo costau’r prosiect [os ydych chi’n gwneud cais am eitemau cyfalaf]. |  |

**Rheoliadau Diogelu Data Cyffredinol (GDPR) 2018**.

Yn amodol ar eich caniatâd chi, bydd y rhan neu'r cyfan o'r wybodaeth a roddwch i ni yn cael ei chadw ar gyfrifiadur. Bydd y wybodaeth hon yn cael ei defnyddio ar gyfer, ond heb fod yn gyfyngedig i, weinyddu ceisiadau a grantiau ac ar gyfer cynhyrchu ystadegau a bydd hefyd yn cael ei storio ar ein cronfa ddata gyswllt at ddibenion marchnata.

Darperir copïau o'r wybodaeth hon, pan fo angen, i unigolion a sefydliadau y mae CGGSDd yn ymgynghori â hwy wrth asesu ceisiadau a grantiau.

Mae data personol wedi'i gyfyngu i enwau cyswllt, swydd, cyfeiriad, rhifau ffôn a rhifau cyswllt eraill, trefniadaeth a phrosiect; gellir ei ystyried yn ddata personol sensitif lle mae'r sefydliad / prosiect yn ymwneud â materion yn ymwneud â hil, tarddiad ethnig, gwleidyddiaeth, crefyddau neu gredoau tebyg, iechyd corfforol, meddyliol neu fywyd rhywiol.

Dim ond at y dibenion canlynol y datgelir manylion cyswllt i drydydd partïon: er mwyn galluogi CGGSDd i brosesu eich cais; galluogi cynghorau gwirfoddol sirol i fonitro cyllid lleol; cyhoeddi prosiectau llwyddiannus, gweithgareddau hyrwyddo eraill, gan gynnwys lleoli ar wefannau CGGSDd a WCVA.

Dim ond cyhyd ag y bo angen am y rhesymau a roddir dros gadw gwybodaeth fel y rhestrir uchod y cynhelir gwybodaeth.

Os hoffech i wybodaeth gael ei dileu, cysylltwch â CGGSDd drwy anfon e-bost at [sectorsupport@dvsc.co.uk](mailto:sectorsupport@dvsc.co.uk)

**Rydw i’n cytuno i holl delerau’r grant, ac i ddefnyddio’r data fel y nodir uchod. Rwy’n cadarnhau bod yr holl atebion ar y ffurflen gais hon yn wir ac yn gywir, hyd eithaf fy ngwybodaeth a’m cred.**

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| Llofnod |  |

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| Dyddiad |  |

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| Dementia Aware Community Led Grant Programme Application Form 2019/2020  Section 1  **Group/Organisation Application** | Ref  For office use only |
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| **1.1 Name of the Group/Organisation applying for a grant:** |

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| **1.2 Name of person submitting application:** |

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| **1.3 Position held in the Group/Organisation** |

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| **1.4 Address:** |

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|  | **Postcode:** |  |

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| **Telephone/mobile:** |  |
| **Email:** |  |
| **Organisational website:** |  |
| **Facebook page:** |  |
| **Twitter:** |  |

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| * 1. When was your group/CIC established? (Month/Year) |  | |
| |  | | --- | |  |  * 1. If your Organisation/Group is a Registered Charity/Company please put the registration number here: | | |
| * 1. How many Committee Members do you have? | |  |
| * 1. How many Paid Staff do you have? | |  |  |
| * 1. How many Volunteers do you have? | |  |  |

**1.10** What are the main aims of your organisation / group, and what services and activities do you provide?

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Section 2

**About your Project**

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| **2.1** Tell us about the service / activity you would like to deliver by answering the following  .   * Please tell us **why** the grant is needed and **how it will be used**. * Please include what the **project aims** will be as part of your answer.   Please describe the **outcomes and** **impact** you wish to achieve through this grant.   * How will you **measure the impact** of what your project/activity has achieved? |

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| **2.2** Who will your **project benefit** and **how will your activity raise awareness** about dementia in your community?  Please estimate the total number of people who benefit from the project. | |

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| **2.3** How will you **engage** people and other organisations and groups in your local area? How will people living with dementia and their families be **involved** in your project? | |

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| **2.4** What **difference** will this grant bring to your local area, and how will it **raise awareness** about dementia and its challenges? | | |

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| **2.5** What barriers or challenges do you anticipate to the project? How do you think DVSC might be able to support you? Please visit our websites, [www.dementiaawaredenbighshire.com](http://www.dementiaawaredenbighshire.com) and [www.dvsc.co.uk](http://www.dvsc.co.uk) to find out more about our activities. |

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**2.6** How do you anticipate continuing your project or initiative so that it is **sustainable**?

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| |  | | --- | | **£** | | **£** |   **2.7** Tell us how much money you are applying for  **2.8** Total cost of the project (if different from above)   |  |  | | --- | --- | | Please provide the breakdown of costs below: | | | **Item** | Cost | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ |   Please note: the maximum grant awarded is up to £1000 for groups or organisations operating in Denbighshire and that a proportion of funds can be used for expenditure relating to running activities or services to raise awareness about dementia, including a celebration event at the end of the project.   |  |  |  | | --- | --- | --- | | **2.9** If you are asking us to part fund your project please tell us which other funders have been approached for funding and whether those applications have been successful. | | | | **Funder** | **Amount** | **Pending/Awarded** | |  |  |  | |  |  |  | |  |  |  |   **2.10** **Project timescale and location** |
| |  | | --- | | Date From: Date To: | |

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| Geographical Area: *(ie Major town(s) / village(s) or whole of Denbighshire)* |

**2.11** We would like successful grant recipients to take part in a pilot to evaluate the impact of the grant programme. Please indicate if you are willing to take part.

Yes / No / Don’t know

**2.12** Is there anything else that you would like to say or include in support of your application?

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| Please provide your financial details and confirm the number of signature required  for withdrawals |

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| Account Holder Name |  |

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| Sort code |  |  |  |  |  |  | Account number |  |

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| Building society roll number (if applicable) |  |

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Number of signatures required for withdrawals

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| **Declaration – Group / Organisation** | |
| I confirm, on behalf of the applicant Group / Organisation (which operates in Denbighshire) that I am authorised to submit this application and that the information I have provided is correct and true. | |
| Signed: |  |
| Date |  |
| **Please complete this application by** **30/06/19** and return it to Denbighshire Dementia Aware Community Led Grant Programme, c/o Denbighshire Voluntary Services Council, Naylor Leyland Centre, Well Street, Ruthin, Denbighshire LL15 1AF or email: [**sectorsupport@dvsc.co.uk**](mailto:sectorsupport@dvsc.co.uk) | |

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| **Please ensure that you include the following with this completed application form:** | | |
| * A constitution or set of rules for the Group/Organisation submitting the application. The constitution must be dated and signed as being adopted. |  |
| * A copy of your most recent Annual Statement of Accounts – this Statement must be dated and signed as a correct record of the Group/Organisation’s financial activities. If you are a new group which has not, as yet, completed a full year of operation please send us a copy of your most recent bank/building society statement with an estimate of your income and expenditure for the 1st year. |  |
| * Copy / copies of quotations / estimates used to calculate project costs [if you are applying for capital items] |  |

**General Data Protection Regulations (GDPR) 2018**.

Subject to your permission, part or all of the information you provide us with will be held on computer. This information will be used for, but not limited to, the administration of applications and grants and for producing statistics and will also be stored on our contact database for marketing purposes.

Copies of this information will be provided, when necessary to individuals and organisations that DVSC consults with when assessing applications and grants.

Personal data is limited to contact names, position, address, telephone and other contact numbers, organisation and project; it may be considered as sensitive personal data where the organisation/project is involved with matters relating to race, ethnic origins, politics, religions or similar beliefs, physical, mental health or sexual life.

Contact details will only be disclosed to third parties for the following purposes: to enable DVSC to process your application; to enable county voluntary councils to monitor local funding; to announce successful projects, other promotional activities, including placement on the DVSC and WCVA websites.

Information will only be held as long as is necessary for the reasons given for holding information as listed above.

Should you wish for information to be deleted, please contact DVSC by emailing [sectorsupport@dvsc.co.uk](mailto:sectorsupport@dvsc.co.uk)

Please sign to show that you agree to DVSC using your data in this way.

**I agree to all of the grant terms, and for the above use of my data. I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate.**

|  |  |
| --- | --- |
| Signature |  |

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| Date |  |