

**National Bereavement Support Grant 2025 to 2028**

**Main application form**

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## **Main application form**

Applicants should consider the eligibility criteria (see Annex A) and ensure the information given in this proforma provides evidence of how relevant criteria will be met.   
NB: please follow the word limits shown below; if these are exceeded then excess wording may not be read.

## **Part A – Applicant(s) Details**

NB: in the case of joint applications from two or more organisations, information must be provided for each of the organisations involved against questions 1-6.

1. Please give the full legal name of your organisation.
2. Registered Business Address (please provide local office address in addition, if different).

Post code:

1. Telephone number:

Mobile number:

Email:

Organisation website address:

1. Please provide your Charity Registration Number and/or Company Registration Number.
2. Please provide some succinct background information on your organisation, including when it was founded, its legal status and its main activities (maximum 200 words).
3. Contact details for project lead, should we wish to discuss this application with you.

Name:

Position:

Address (if different from above):

Post code:

Telephone number:

Mobile:

Email:

## **Part B – Project Details**

1. Title of the project for which funding is being sought:
2. Please provide a summary of the project (maximum 500 words) including:

* its overall purpose and objective
* who will benefit from the project
* where it will be delivered and by whom

## **Part C – Strategic alignment**

1. How does the proposal support the eligibility criteria listed within Annex A?
2. What geographical area(s) will the project cover in Wales? Describe how the services will be available in Welsh and support the Welsh language and culture.
3. How will the project add value to the provision of existing services and complement those already provided by the NHS, public sector or third sector in Wales?
4. How will the project address the bereavement needs of Black, Asian and Minority Ethnic communities and other underserved and vulnerable groups, and how this will be evidenced?
5. How will the project meet the aims of the [Public Sector Equality Duty](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fscanmail.trustwave.com%2F%3Fc%3D261%26d%3DqNm_5kIg1jJrGjW7kKv-vbs036uaHDjj1xKZ4AinPA%26u%3Dhttps%253a%252f%252fwww.gov.wales%252fpublic-sector-equality-duty-html&data=05%7C02%7CLiza.Evans%40gov.wales%7C98f2d1d992484d1c082f08dcc0f0f772%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C638597388378414461%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=KvVdS2pZYPRrFz3MaHDYX0xzVk54f2bVrzQzG%2Be1p6w%3D&reserved=0) and be made accessible to all regardless of socio-economic status or any protected characteristic?
6. How does the project address the priority areas listed within Annex A (5)?
7. Please provide details of your organisation(s) experience of working in the field of bereavement care and support.
8. Please use the space below to provide any additional information you think would be useful in assessing your application.

## **Part D – Project Outcomes and Delivery**

1. Please state how your project will be evaluated. This should be appropriate to the project aims and outcomes that you have described above, and in proportion to the scale and size of the project. It should include:

* any key performance indicators and expected outcomes (service users / other stakeholders / include information on project implementation and process as well as benefits to other stakeholders);
* details of proposed evaluation methods e.g feedback questionnaires / stakeholder consultations;
* use of any service user reported outcome measures/validated psychometric tools;
* collection and analysis of demographic and service use data; and
* equality and diversity monitoring. These should be appropriate to the project aims and outcomes that you have described above.

1. What communications approaches will you use to raise awareness of the project and engage with intended recipients?
2. What risks have you identified to the delivery of this project and how will these be managed/mitigated?

## **Part E – Financial information**

1. Will the project be funded by other funding streams?
2. Please provide a breakdown of the project costs for the bereavement support grant. The maximum grant available is £100k pa.

NB: please note redundancy costs are excluded from eligible costs for this grant scheme.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2025-26 | 2026-27 | 2027-28 |
| Project Revenue Expenditure | £ | £ | £ |
| e.g. Salary costs |  |  |  |
| Materials |  |  |  |
| Accommodation and utility costs |  |  |  |
| Marketing and publicity |  |  |  |
| Other (details) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

1. Please provide details of any posts that you intend to fund from the grant (in WTE terms):

## **Part F – Governance and Financial Management**

As part of Welsh Government’s continued work to protect funding, we request that you provide the following information in order to help us assess the effectiveness of the governance and financial management in your organisation.

NB: in the case of joint applications from two or more organisations, information must be provided for each of the organisations involved against questions 21-24.

1. Has any director / board member / trustee etc. ever been declared bankrupt, disqualified from being a company director, director, partner or proprietor of a business / organisation that has been subject to financial insolvency?

* Yes
* No

If yes, please provide details:

1. Please confirm the number of employees within your organisation:

|  |  |
| --- | --- |
| **Paid** |  |
| **Voluntary** |  |
| **Total** |  |

1. Please list any other funding you are currently receiving, including ALL Welsh Government funding received.
2. Payments in advance

The Welsh Government policy is to make payments in arrears. However, it is recognised that not all Third Sector organisations hold large reserves and may not have the resources to undertake work and receive payment in arrears. Provision of funding for committed expenditure may be considered in advance of payment but only where evidence of need is clearly established.

In light of the above statements, does your organisation require payment in advance? Please state either yes or no.

* Yes
* No

If you have answered ‘yes’, a ‘payment in advance’ form will be issued to you if your application is successful. This should be completed and returned with the required evidence. The information and evidence that you provide will be assessed to determine whether we can make payments of grant awarded to you in advance.

**Part G – Declaration**

This must be signed by an authorised signatory e.g. a chair/board member and the financial officer for the organisation(s).

I confirm that the information given within this application is true and accurate.

1. Signed:

Name (printed):

Position:

Date:

1. Signed:

Name (printed):

Position:

Date:

## **Where to send your completed application form**

Please send completed application forms electronically to:

[QualityAndNursing@gov.wales](mailto:QualityAndNursing@gov.wales)

Please provide two signatures on the form. This is usually the Project Manager and a Senior Accountable Officer.

### **Electronic signature**

By emailing this form to the Welsh Government email address, [QualityAndNursing@gov.wales](mailto:QualityAndNursing@gov.wales), you are making the declaration above.

### **Closing date**

The closing date for applications is **27 September 2024.**

**ANNEX A**

**Eligibility Criteria for National Bereavement Support Grant 2025 – 2028**

|  |  |
| --- | --- |
| **1** | The project must be delivered in Wales. (Locally, regionally or at an-all Wales level). All services must be available in Welsh and support the Welsh language and culture. |
| **2** | The project must add value to the provision of existing bereavement services and complement those already provided by the NHS, public sector or third sector in Wales. |
| **3** | The project should demonstrate how it will address the bereavement needs of Black, Asian and Minority Ethnic communities and other underserved and vulnerable groups, and how this will be evidenced. |
| **4** | The project should include the provision of services to ensure equity of access to all, regardless of socioeconomic status or any protected characteristics, whilst also meeting the aims of the [Public Sector Equality Duty](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fscanmail.trustwave.com%2F%3Fc%3D261%26d%3D2NHE5jK5I4X5kFRv4wo3CCwjjgBw0Ekye3zl6V2MUA%26u%3Dhttps%253a%252f%252fwww.gov.wales%252fpublic-sector-equality-duty-html&data=05%7C02%7CLiza.Evans%40gov.wales%7C3da5e09df3ff4562d62108dcc12bf1b1%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C638597641700991355%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=edYSDq2qhMhv6xrQJmzEOBgU8z72LqNw16x5Sq22c%2B4%3D&reserved=0). |
| **5** | Projects must address as many as possible of the following priority areas:   * + Address gaps in the provision of bereavement services such as those highlighted in the national framework for the delivery of bereavement care in Wales;   + Meet the requirements of the National Bereavement Pathways in Wales;   + Help reduce waiting times for bereavement services in Wales;   + Upskilling of community leaders to develop skills to support themselves and others   + Support the needs of bereaved people in other languages, including British Sign Language (BSL);   + Support those people in Wales arriving under the resettlement schemes from Afghanistan, and other refugees requiring bereavement support;   + Support those affected by international conflicts such as the wars in Ukraine and Palestine. |
| **6** | The organisation(s) applying for funding must provide details of their previous experience of working in the field of bereavement care and support. |

**ANNEX B**

**About the national bereavement support grant**

The Welsh Government has developed a national framework for the delivery of bereavement care in Wales and Bereavement Pathways. Applications are sought from Third Sector organisations to submit projects that support the delivery of bereavement care and support in line with the three components of bereavement support described by the National Institute for Health and Clinical Excellence (NICE). These encompass:

* Component 1: where information is offered regarding the experience of bereavement and people are sign-posted towards further support;
* Component 2: which makes provision for people to access formal opportunities to reflect upon their grief, and may involve individual or group sessions;
* Component 3: which encompasses specialist interventions that may involve mental health services, psychological support and specialist support.

Projects will demonstrate that they are addressing gaps in bereavement service provision and provide details of the needs assessment undertaken.

Applicants must consider the National Bereavement Framework for Wales, which provides guidance on the quality expected in delivering bereavement services to complete their application, and the National Bereavement Pathways.

Applications will also need to take full account and support delivery of the Welsh Government’s well-being objectives, which set out how we will use the Well-being of Future Generations Act to help deliver our Programme for Government, Taking Wales Forward, and A Healthier Wales, our long term plan for health and social care.

**Well-being of Future Generations (Wales) Act 2015**: <https://www.gov.wales/well-being-of-future-generations-wales>

**Taking Wales Forward**: <http://gov.wales/about/programme-for-government/>

**A Healthier Wales**: <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

We recognise that the Third Sector is a key partner in achieving many of our desired outcomes. Funding under this grant will enable Third Sector organisations to deliver projects which complement and enhance bereavement services provided by health and social services in Wales.

Proposals are welcomed from individual organisations or from a collaboration of organisations. (In such circumstances a lead organisation will be required and evidence of a memorandum of understanding). We are seeking proposals for both specific types of bereavement and/or general bereavement services.

Funding will be awarded to those organisations that are best able to demonstrate how their proposals support the criteria identified in Annex A. Due diligence checks will be undertaken with successful organisation before confirmation of the grant award.

## **Privacy Notice**

Please click the link below to see information on how we handle any personal data you provide in relation to your grant application or request for grant funding.

[Privacy notice: Welsh Government grants | GOV.WALES](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.wales%2Fprivacy-notice-welsh-government-grants&data=05%7C02%7CLiza.Evans%40gov.wales%7C462fd019d2154b11308d08dcc1e59830%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C638598439054702954%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=7FUX7beoTxh%2F2HT84R0JJyIpi53%2Fp0igsV21iFP%2FZCc%3D&reserved=0)

**ANNEX C**

**Declaration and understanding**

Have you, or any other senior officer or trustee of the organisation, ever been disqualified from being a company director under the Company Directors Disqualification Act (1986) or been the proprietor, partner or director of a business subject to an investigation (completed, current or pending) undertaken under the Companies, Financial Services or Banking Acts?

YES  NO

Have you, or any other senior officer or trustee of the organisation, ever been bankrupt or subject to an arrangement with creditors?

YES  NO

Have you, or any other senior officer or trustee of the organisation, ever been a proprietor, partner or director of a business subject to any formal insolvency procedure such as Receivership, Liquidation, Administration or was subject to an arrangement with its creditors?

YES  NO

Have you, or any other senior officer or trustee of the organisation, ever been a proprietor, partner or director of a business requested to repay a grant under any Government scheme? This includes any company requested to repay grant while subject to any insolvency procedure where the director/company secretary knew or ought reasonably to have expected that any request to pay grant could be made?

YES  NO

Have you or any other senior officer or trustee ever been disqualified from acting as a charity trustee or have an unspent conviction relating to any offence involving deception or dishonesty?

YES  NO

If you have answered **YES** to any of the above, please give details on a separate piece of paper. This does not necessarily affect your chances of obtaining grant funding.

**Please read this carefully before signing**

I am content for information supplied in this application, including the declaration and understanding to be shared in confidence with any individuals who may be involved in considering the case for application or who are involved in any part of the administration or evaluation of the scheme. This may include accountants, external evaluators and other organisations or groups involved in delivering the project.

I understand that if I give any information that is incorrect or incomplete, grant may be withheld or reclaimed and action taken against me. I declare that the information that I have given on this application form is correct and complete. I also declare that, except as otherwise stated on this form, I have not started the project which forms the basis of this application and no expenditure has been committed or defrayed on it.

I understand that any offer may be publicised by means of a press release giving brief details of the project and amount of grant award.

I understand theDepartment may use personal data collected to investigate cases of alleged fraudulent use.

I confirm that, under the governing document, the organisation has the legal power to run the project.

Applications must be signed by an authorised signatory. I confirm that I am authorised to sign this application.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |
| Name (*block capitals)* |  |
| Position in organisation |  |
| Telephone |  |
| Email |  |