

## GRANT APPLICATION Self-employment

### WHEN TO APPLY

- September funding: deadline for applications 16 July 2010
- Rolling application window: October to May  
(Please see our website for exact details)

### APPLICANTS

#### Have you:

- Completed Sections 1–16 of the Application form?
- Included two quotations for each item requested?
- Included evidence of business course attendance?
- Included proof that you are eligible to work in the UK?

### SUPPORT WORKERS

#### Have you:

- Completed Section 17 of the Application form?
- Included a support statement on headed paper covering all items outlined in 'Notes for support statement'?
- Agreed to all support worker responsibilities (Section 17)?
- Included a Charity Commission number or financial statements?
- Included your manager's signature?

For further info you can see our website [www.crisis.org.uk/changinglives](http://www.crisis.org.uk/changinglives)  
email [changing.lives@crisis.org.uk](mailto:changing.lives@crisis.org.uk) or contact us through  
the Crisis switchboard on **0844 251 0111**

**Send everything together and before the deadline to**  
Crisis Changing Lives, 66 Commercial Street, London E1 6LT

## 1 ABOUT YOU

|                                   |   |                         |  |
|-----------------------------------|---|-------------------------|--|
| First name                        | <input type="text"/>  | Surname/<br>Family name | <input type="text"/>   |
| Name you prefer<br>to be known by | <input type="text"/>  | Date of birth           | <input type="text" value="Day(s)"/> <input type="text" value="Month(s)"/> <input type="text" value="Year(s)"/> |
| Gender                            | <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality             | <input type="text"/>   |

## 2 CONTACT DETAILS

|                |                      |               |                      |
|----------------|----------------------|---------------|----------------------|
| Address        | <input type="text"/> |               |                      |
| Area/borough   | <input type="text"/> | Postcode      | <input type="text"/> |
| Contact number | <input type="text"/> | Email address | <input type="text"/> |

May we contact you by  Email  Phone

## 3 CRISIS

3.1 How did you hear about Crisis? *(please tick one box only)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Word of mouth                            | <input type="checkbox"/> By service/organisation | <input type="checkbox"/> Crisis Christmas |
| <input type="checkbox"/> Support/outreach worker                  | <input type="checkbox"/> Probation officer       | <input type="checkbox"/> Crisis website   |
| <input type="checkbox"/> Other <i>(please give details)</i> _____ |  |   |

## 4 YOUR LIVING SITUATION

4.1 Which of the following best describes your current housing situation? *(Please tick one box only)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rough sleeping                                    | <input type="checkbox"/> Bed and breakfast             | <input type="checkbox"/> Night shelter                                  |
| <input type="checkbox"/> Squatting   | <input type="checkbox"/> Hostel                        | <input type="checkbox"/> Staying with family member<br>or friend        |
| <input type="checkbox"/> Moving around between<br>family and friends homes | <input type="checkbox"/> Supported housing             | <input type="checkbox"/> Renting from housing<br>association or council |
| <input type="checkbox"/> Own your own home                                 | <input type="checkbox"/> Renting from private landlord |   |
| <input type="checkbox"/> Other <i>(please give details)</i> _____          |  |   |

4.2 How long have you been in this current housing situation?

### 4 Your living situation (continued)

4.3 If you're not currently homeless, do you consider yourself at risk of becoming homeless? *(please tick one box only)*

Yes  No

4.4 If yes, please tick one box only that best describes why:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> At risk of eviction                      | <input type="checkbox"/> Relationship breakdown with<br>partner/family | <input type="checkbox"/> Dispute with landlord |
| <input type="checkbox"/> Other <i>(please give details)</i> _____ |  |  |

## 5 YOUR PAST LIVING SITUATION

5.1 If you're not currently homeless, have you ever been homeless or vulnerably housed? (e.g. living in a squat, night shelter or rough sleeping?)

Yes  No

5.2 If yes, please indicate which of the following applied to you: (please tick all that apply)

- Rough sleeping  Squatting  Hostel  
 Bed and breakfast  Night shelter  Supported housing  
 Moving around between family and friends homes  Other (please give details) \_\_\_\_\_

5.3 How long were you homeless for?

|        |          |         |
|--------|----------|---------|
| Day(s) | Month(s) | Year(s) |
|--------|----------|---------|

5.4 When were you last homeless?

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|

## 6 YOUR EMPLOYMENT SITUATION

6.1 Which of the following best describes your current employment situation? (please tick all boxes that apply)

- Unemployed  Looking for work  Unable to work (sickness/disability)  
 Employed  Self-Employed  In education or training  
 Full-time  Part-time  Full-time  Part-time  Full-time  Part-time  
 Volunteering  Other (please give details) \_\_\_\_\_  
 Full-time  Part-time

6.2 If not in employment, how long has it been since you last worked?

|        |          |         |
|--------|----------|---------|
| Day(s) | Month(s) | Year(s) |
|--------|----------|---------|

## 7 YOUR BENEFITS

7.1 Do you have a National Insurance number? (if known please write in)

Yes  No

7.2 Do you currently claim any state benefits?

Yes  No

7.3 If yes, which of the following do you receive? (please tick all that apply)

- Job Seeker's Allowance  Employment and Support Allowance  Incapacity benefit  
 Housing benefit  Asylum support service  
 Other (please give details) \_\_\_\_\_

## 8 YOUR CITIZENSHIP

8.1 Which of the following describes your citizenship status? *(please tick one box only)*

- UK Citizen                       EU Citizen                       Refugee
- Asylum Seeker                       Other *(please give details)* \_\_\_\_\_

*(If you have been granted leave to remain, please include photocopied evidence)*

## 9 YOUR HEALTH

9.1 Are you registered with a Doctor's surgery?  Yes     No

9.2 Do you consider yourself to have a disability according to the Disability Discrimination Act 1995? *(i.e. do you have a physical or mental impairment, which has a substantial and long term effect on your ability to carry out day-to-day activities)*  Yes     No

9.3 If yes, please indicate which type of impairment you have:

9.4 Do you have any other health issues that you think we should be aware of? *(if yes, please give a brief description)*  Yes     No

## 10 YOUR PERSONAL BACKGROUND

10.1 Do you currently have or have you previously had: *(please tick all that apply)*

- Experience of mental health issues                       Issues with drugs/alcohol                       Experience of domestic violence
- Experience of relationship breakdown with family/partner                       Experience of financial problems (incl. debt)                       Experience of bereavement

10.2 If you have had issues with drugs/alcohol, how long have you been clean/dry for?

|        |          |         |
|--------|----------|---------|
| Day(s) | Month(s) | Year(s) |
|--------|----------|---------|

10.3 Are you presently or have you previously been: *(please tick all that apply)*

- In care                       In prison                       In UK armed forces

10.4 Please write here any other issues that you feel may be relevant:

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## ETHNIC MONITORING

11.1 How would you describe your ethnicity? *(please tick one box only)*

| White  | Mixed  | Black or Black British                               | Asian or Asian British                               | Chinese or other ethnic group                    |
|--|--|--|--|--|
| <input type="checkbox"/> British                     | <input type="checkbox"/> White and Black Caribbean   | <input type="checkbox"/> Caribbean                   | <input type="checkbox"/> Indian                      | <input type="checkbox"/> Chinese                 |
| <input type="checkbox"/> Irish                       | <input type="checkbox"/> White and Black African     | <input type="checkbox"/> African                     | <input type="checkbox"/> Pakistani                   | <input type="checkbox"/> Any other ethnic group* |
| <input type="checkbox"/> Other European country*     | <input type="checkbox"/> White and Asian             | <input type="checkbox"/> Any other Black background* | <input type="checkbox"/> Bangladeshi                 |  |
| <input type="checkbox"/> Any other White background* | <input type="checkbox"/> Any other Mixed background* |  | <input type="checkbox"/> Any other Asian background* |  |

\*Please state which \_\_\_\_\_

11.2 Your religion or belief *(please state which)*

# 12

## CONSENT

I understand and agree that my personal information will be held and used in accordance with the Data Protection Act 1998. Crisis will use this data for administration purposes and to further its charitable aims, including campaigning and fundraising activities. I understand and agree that Crisis may need to share my personal information with associated organisations for these purposes. Crisis will not authorise such third parties to use my information in any other way and will require them to protect it to the same degree that Crisis does.

Signature

Date

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|-----|-------|------|





**BEFORE CONTINUING PLEASE ENSURE YOU ARE AWARE OF THE FOLLOWING**

We advise you to include your own personal business plan if you have one. This will strengthen your application. You must fill in all of this section even if you have included a separate plan.

All applicants need to have recently done some form of small business start up training before applying for a Changing Lives grant. Please contact Business Link to arrange this (0845 600 9 006). Courses are free and throughout the UK. Contact the Changing Lives Team if you need any further assistance.

**15.1 About your business proposal**

Name of business \_\_\_\_\_

What sort of business are you setting up?

Sole trader

Partnership

Limited company

Franchise

Type of business \_\_\_\_\_

Please describe the services that your business will provide

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Where will your work be located? (if not at current address stated in 1.3, please state)

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Postcode \_\_\_\_\_

**15.2 About you (all questions must be answered)**

Why do you want to set up this business?

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What qualifications do you have in this field and/or what courses have you done related to this field of work?

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Have you run your own business or been self-employed before?

Yes

No If yes, please give details:

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Will you need to purchase insurance for your business? Please give details:

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What will you do if you do not receive the Changing Lives funding?

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Are you making any other funding applications? Which organisations are these with?

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### 15.3 Business training

Have you attended a small business start up course or training in the last 2 years?

Yes

No

*NB: You must include a certificate/letter from the organisation to confirm attendance*

| Name of course/<br>organisation | Address | Telephone<br>number | Date course<br>completed | Topics discussed |
|---------------------------------|---------|---------------------|--------------------------|------------------|
|                                 |         |                     |                          |                  |
|                                 |         |                     |                          |                  |
|                                 |         |                     |                          |                  |
|                                 |         |                     |                          |                  |

Have you written a separate detailed business plan?  Yes  No

*If yes, you should include a copy of your business plan with this application. This is not compulsory but will strengthen your application. You still need to complete this section even if you have completed your own plan.*

What other business advice have you sought to help get your work/business started?

*(Please fill in the table with information about the organisations you have spoken to.)*

| Name of organisation | Address | Name and job title of contact | Telephone number | Topics discussed |
|----------------------|---------|-------------------------------|------------------|------------------|
|                      |         |                               |                  |                  |
|                      |         |                               |                  |                  |
|                      |         |                               |                  |                  |
|                      |         |                               |                  |                  |

#### 15.4 The market/customers you are trying to reach

| Describe the market sector you will serve | Describe a typical customer | Where are they located? | How many customers are you aiming to serve in a year? |
|---|-----------------------------|-------------------------|---|
|   |                             |                         |   |
|   |                             |                         |   |
|   |                             |                         |   |
|   |                             |                         |   |

## 15.5 Competitor Analysis

Identify two competitors that provide a similar service or provide a similar product to you and fill in the following table. You may need to do some research on these first.

|  | Your Business | Competitor A | Competitor B |
|--|---------------|--------------|--------------|
| Name and address   |               |              |              |
| Describe the market they serve   |               |              |              |
| Describe a typical customer  |               |              |              |
| Give an example of the price of a comparable product or service                    |               |              |              |
| What do customers think about their quality?                                       |               |              |              |
| How available are their goods or service?  |               |              |              |
| What qualifications, industry accreditation, or specialist skills do they have?    |               |              |              |
| Describe their reputation  |               |              |              |
| How do they deliver their goods or how do they take their service to the customer? |               |              |              |
| What follow up service do they offer?  |               |              |              |



## 15.6 Marketing

What specific things do the competitors you identified above do to promote their service or advertise their products – give some examples:

| Competitor A | Competitor B |
|--------------|--------------|
|              |              |
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|              |              |
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What is your business' unique selling point – what is the main thing that you would like your potential customers to know or remember about your business?

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How do you intend to communicate this to your potential customers?

| Method | Approximate cost | What next steps are you going to do to make this happen? | Why is this method relevant to reach your potential customers? |
|--------|------------------|--|--|
|        |                  |  |  |
|        |                  |  |  |
|        |                  |  |  |

You can continue on another sheet if necessary – make sure you write your name at the top.

## 15.7 Financial Planning

Fill in cash flow analysis table, giving details of your business's expected income and costs for the coming year.

To complete this table, write the names of the months in the first row, and then fill in the first month's column with details of your expected income and costs for that month. Your Opening Balance in the first month is often 0, or whatever cash the business starts with. To calculate your Closing Balance, add your Total Expected Income to your Opening Balance and then minus your Total Expected Costs. Your Closing Balance for the first month becomes your Opening Balance for the next month, so copy this number up to the start of the next column. An example and more help are available on our website under 'Advice for Self-employment applicants'.

|  | Month | Month | Month | Month | Month |
|--|-------|-------|-------|-------|-------|
| <b>Opening Balance</b>   |       |       |       |       |       |
| <b>REVENUES</b>  |       |       |       |       |       |
| Sales / turnover   |       |       |       |       |       |
| Awards/grants/other income                                       |       |       |       |       |       |
| <b>Total Expected Income</b>                                     |       |       |       |       |       |
| <b>COSTS</b>   |       |       |       |       |       |
| Drawings to cover personal living expenses (food, clothing etc.) |       |       |       |       |       |
| Other salaries to staff  |       |       |       |       |       |
| Costs of materials   |       |       |       |       |       |
| Capital expenditure (machinery) etc.)                            |       |       |       |       |       |
| Income tax and National Insurance                                |       |       |       |       |       |
| Insurance (e.g. Public Liability)                                |       |       |       |       |       |
| Rent and council tax   |       |       |       |       |       |
| Water / electricity / gas  |       |       |       |       |       |
| Telephone  |       |       |       |       |       |
| Travel or motor expenses   |       |       |       |       |       |
| Postage/ stationery / printing                                   |       |       |       |       |       |
| Other advertising  |       |       |       |       |       |
| Interest & charges   |       |       |       |       |       |
| Professional fees/ union membership                              |       |       |       |       |       |
| Other please state:  |       |       |       |       |       |
| <b>Total Expected Costs</b>                                      |       |       |       |       |       |
| <b>Closing Balance</b>   |       |       |       |       |       |



### 15.8 Sales / turnover

As you calculated the cash flow analysis above, you made estimates of the sales you expect to make each month. How have you estimated your sales / turnover? Please include details of what you will charge per product/service:

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Do you have any firm orders already?  Yes  No *(If yes, please give details)*

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We only fund up to £2500. If any item costs more than this how will the rest will be funded?

*(You will need to provide proof of extra funds)*

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### 15.9 Assets and Equipment

What business assets do you already have? (Equipment, machinery, vehicles, etc)

|   | Item | Value | Expected life |
|---|------|-------|---------------|
| 1 |      |       |               |
| 2 |      |       |               |
| 3 |      |       |               |
| 4 |      |       |               |

You can continue on another sheet if necessary – make sure you write your name at the top

**15.10 Funding Requested**

We provide funding of up to £2500. List in priority order the items you are applying for and explain why they are needed. For each item, you need to **include two legible printed or downloaded quotations from a retailer's website or catalogue**. Make sure the quotations that you include are for the same type of item and can be compared.

If you are applying for a course that is necessary in order for you to become self-employed then please list it below. Please also include a prospectus or information from the course provider about the content of the course.

Please see our website for a full list of what a Changing Lives grant can and cannot fund ([www.crisis.org.uk/changinglives](http://www.crisis.org.uk/changinglives)) or call 0844 251 0111 for details.

| Item(s)<br>Please tick to show which quote you chose   | Cost | Why is this item needed? |
|--|------|--------------------------|
| <p><b>Priority 1</b></p> <p><input type="checkbox"/> Quote 1:</p> <p><input type="checkbox"/> Quote 2:</p> |      |                          |
| <p><b>Priority 2</b></p> <p><input type="checkbox"/> Quote 1:</p> <p><input type="checkbox"/> Quote 2:</p> |      |                          |
| <p><b>Priority 3</b></p> <p><input type="checkbox"/> Quote 1:</p> <p><input type="checkbox"/> Quote 2:</p> |      |                          |
| <p><b>Priority 4</b></p> <p><input type="checkbox"/> Quote 1:</p> <p><input type="checkbox"/> Quote 2:</p> |      |                          |
| <p><b>Priority 5</b></p> <p><input type="checkbox"/> Quote 1:</p> <p><input type="checkbox"/> Quote 2:</p> |      |                          |

You can continue on another sheet if necessary – make sure you write your name at the top

**Total amount applying for £ \_\_\_\_\_ (max £2500)**

You need to include VAT for all items: This should be calculated into the eligible items you are applying for – we will not add it in for you

# 16 DECLARATION

**PLEASE NOTE: ALL APPLICANTS MUST FILL OUT THIS SECTION. ALL SECTIONS MUST BE COMPLETED FOR APPLICATIONS TO BE VALID.**

## 16.1 Monitoring and declaration

*For the applicant:*

### Monitoring

Successful applicants must take part in our monitoring process. This will be through two questionnaires posted to you after 6 months and 12 months

### Declaration

To the best of my knowledge and belief the information given on the form is correct. I understand that if I am given a Changing Lives grant I will agree to take part in the monitoring process. I also agree to inform Crisis of any changes to my personal circumstances or change of address.

Candidate's signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

## 16.2 Data protection

*For the applicant:*

I give my explicit consent to the collection of the data about me via application form and other methods by or on behalf of Crisis, for processing by or on behalf of Crisis, for the specified purposes of assessing this application and statistical analysis. *(A full explanation is available on request).*

Candidate's signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

*If successful would you be willing to take part in a case study or promotional/media work on behalf of Crisis? (This will not affect your chances of being successful.)*

Yes  No

# 17 SUPPORT INFORMATION

**A DESIGNATED SUPPORT WORKER MUST COMPLETE THIS SECTION IN FULL, OTHERWISE THE APPLICATION WILL BE DEEMED INCOMPLETE AND RETURNED. YOU NEED TO HAVE KNOWN YOUR CLIENT FOR SIX MONTHS.**

## 17.1 Support worker details (you must answer all questions)

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Area/Borough/County \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Website: \_\_\_\_\_

First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Job Title \_\_\_\_\_

Direct contact no (landline) \_\_\_\_\_ mobile \_\_\_\_\_

Email \_\_\_\_\_

How long have you been working with the client? (essential) \_\_\_\_\_

How long has the client been with your organisation? \_\_\_\_\_

How often do you meet with the client? (tick as appropriate)

More than once a week       More than once a month       When necessary

What kind of help do you provide for this applicant? (tick as appropriate)

Housing advice       Training advice       Business advice  
 Tenancy sustainment       Ex-offending support       Mental health support  
 Other (please state) \_\_\_\_\_

What other organisation(s) does this applicant get support from? \_\_\_\_\_

How long will you continue to support this applicant? (essential) \_\_\_\_\_ Day(s)      Month(s)      Year(s)

### PLEASE TICK TO AGREE YOU WILL BE RESPONSIBLE FOR:

- Returning all receipts for items specified (essential)  
 Purchasing all items or courses with / on behalf of your client (essential)  
*Do not under any circumstances give any grant money directly to client to make purchases*  
 Ensuring monitoring forms are returned to us on time (essential)

*\*Please note we need to be contacted immediately if the responsibility for this client is transferred to another member of staff. Organisations will be asked to return funds for all outstanding funds or missing receipts, and will be blocked from applying until resolved.*

## 17.2 Data protection

Crisis will collect information about you which may constitute personal data under the Data Protection Act 1998, and will process the information in connection with Crisis Changing Lives, for example, to ensure the organisation for which you work is bona fide.

Support worker's signature \_\_\_\_\_ Print name \_\_\_\_\_

### 17.3 Finance information (please read carefully)

Cheques cannot be made payable to individuals or suppliers, but will be made out in the name of your organisation.

Please confirm the wording on the cheque if the application is successful:

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We often obtain copies of your annual financial statements in order to make the grant. Please could you provide either a Charity Commission Registration Number or a webpage where this is available to download. If these are not accessible you need to request paper copies from your finance department (signed and audited). If they are not included, this may delay the release of the cheque until they are received and checked by our finance department.

Charity Commission Number (if applicable): \_\_\_\_\_

Exact web address where organisation accounts can be found: \_\_\_\_\_

### 17.4 Partnership agreement

The sponsoring organisation agrees to (please read this):

- Receive and hold all funds for the grant recipient
- Make payments on behalf of the recipient for all purchases made with the Changing Lives grant money as soon as is reasonably practicable
- Notify Crisis in writing if there is a delay in purchases, giving reasons for this
- Ensure all purchases/expenditure are spent as stipulated in the grant letter
- If the grant is to be spent on anything other than is stipulated in the application form, obtain agreement from Crisis prior to paying out any money
- Retain copies of receipts for all expenditure, and send either the original receipts or photocopies of receipts to Crisis Changing Lives, 66 Commercial Street, London E1 6LT
- Ensure any unspent grant money not accounted for by receipts is returned to Crisis.  
(make cheque payable to Crisis UK)
- Report in writing to Crisis any changes in client's circumstances which could affect the condition upon which the grant was made (e.g. disappearance, failure to attend training) and any changes to support
- Complete any monitoring information on behalf of your client after 6 months and 12 months if required

I have read and agree to the above terms in relation to the candidate detailed in section 1.

Support worker's signature \_\_\_\_\_

Manager's signature \_\_\_\_\_

Print full name \_\_\_\_\_

Print full name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Additional support from **Linklaters**

**Crisis**  
66 Commercial Street  
London, E1 6LT  
Tel **0844 251 0111**  
Fax **0844 251 0110**  
**enquiries@crisis.org.uk**  
**www.crisis.org.uk**

Crisis UK (trading as Crisis).  
Registered Charity Numbers:  
E&W1082947, SC040094  
Company Number: 4024938.

**Homelessness ends here**