**Redcar and Cleveland VCSE Infrastructure Support Service**

**Organisation Information Form**

**Organisation information**

If this is a partnership or consortium application then you **must complete an additional form for each member of the partnership or consortium.**

|  |  |
| --- | --- |
| Please indicate if you are bidding as a single supplier; if so, please now continue to Q1 |  |
| Please indicate if you are bidding as partnership or consortium; if so, please answer the following questions |  |
| The name of the partnership/consortium |  |
| The proposed structure of the partnership/consortium, including the legal structure where applicable | ; |
| The name of the lead member in the partnership/consortium |  |
| Your role in the partnership/consortium (e.g. lead member, consortium member, subcontractor) |  |
| How many partners are there in the partnership or consortium? |  |

|  |  |  |
| --- | --- | --- |
| **Question No.**  | **Question**  | **Answer**  |
| 1 | Name  |  |
| 1.1 | Address  |  |
| 1.2 | Lead contact person name  |  |
| 1.3 | Lead contact person email address |  |
| 1.4 | Lead contact person phone number  |  |
| 1.5 | Website address  |  |
| 2 | Legal Status - Please tick all that apply and state registration number: | Registration number: |
| Registered charity  | [ ]  |  |
| Charitable Incorporated Organisation (CIO)  | [ ]  |  |
| Company Limited by Guarantee with charitable objects  | [ ]  |  |
| Community Interest Company (CIC) limited by Guarantee  | [ ]  |  |
| 2.1 | Please tick to confirm you are a not for profit organisation. If appropriate add any comments. | [ ]  |  |
| 3 | Please tick to confirm that you have, or can commit to obtaining, prior to the commencement of the grant, the following levels of insurance. If appropriate add any comments.  | Comments: |
| Employer’s Liability Insurance of £10,000,000 | [ ]  |  |
| Public Liability Insurance of £5,000,000 | [ ]  |  |
| Professional Indemnity Insurance of £5,000,000 | [ ]  |  |
| 4 | Please tick if you are VAT registered and provide your VAT registration number | [ ]  |  |
| 5 | **References -** you may use the funders of this grant as referees if you wish to do so. Please note that the named referee must be the commissioning officer or lead funder contact for the work you are referencing. |
| 5.1 | **Reference 1** Please provide details of a referee who has funded you within the last year. |
| Name  |  |
| Position  |  |
| organisation |  |
| Email address |  |
| Phone number  |  |
| 5.2 | **Reference 2** Please provide details of a referee who has worked with you as strategic or systems partner in the last year. |
| Name |  |
| Position  |  |
| Organisation  |  |
| Email address |  |
| Phone number  |  |
| 5.3  | **Reference 3** Please provide details of a referee who has received services from you in the past year e.g. a VCSE organisation. |
| Name  |  |
| Position  |  |
| Organisation  |  |
| Email address |  |
| Phone number  |  |
| 6 | Does your organisation hold any Quality Marks or external Accreditations? If so, please provide name and expiry date: |
|  |
| 7 | AI Disclosure – Please tick to confirm whether you have used AI to assist in any part of your grant application. If yes, please state how you have used AI e.g. to draft responses to questions, to fit your own response to the word count etc.  |
| [ ]  No, I have not used AI on this grant application[ ]  Yes, I have used AI on this grant application. Please give details below: |
| 8 | Please confirm that all persons with significant control in your organisation meet regulatory requirements to hold their roles. (Please note that we undertake appropriate levels of due diligence on all grant applications. We may contact you to seek clarification on any points that arise as part of this process and further information may be requested.)  |
| [ ]  Yes, I can confirm that all persons with significant control in our organisations meet regulatory requirements to hold their roles. |

**Declaration**

Please sign the organisation information form (an electronic copy of your signature is acceptable) in order to confirm that:

* you are authorised to complete this form on behalf of your organisation
* the information provided is accurate and true (if it is not it may result in the application being delayed or declined)

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Job title/role/position** |  |
| **Signed** |  |
| **Date** |  |