**System Stabilisation Fund**

**Round 3**

Application form

**Application form**

# **Organisation details and eligibility check list**

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| 1.1 What is the full legal name of your organisation? |  |
| 1.2 Where do you deliver your organisational activities? |  |
| 1.3 When was your organisation established? |  |

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| As per the guidance document, these are the core criteria for the fund. Please read the guidance document in full before completing this form. | | Tick to confirm |
| 1 | There has been disruption to the organisation’s funding because of the levy announcement. |  |
| 2 | (optional clause) There is an intention to actively shift away from industry funding because of the new commissioning structures. |  |
| 3 | The request is for activities encompassing gambling harms prevention, support, treatment and recovery. Research activities are not eligible for this fund. |  |
| 4 | The impact of the activity and any direct delivery of services is in England, Scotland, or Wales. |  |
| 5 | The funding must be used in line with the five outcomes set out in GambleAware’s strategic framework (see below). |  |
| 6 | Funding requested should be for ongoing activities as this is a stabilising fund. We will not invest in new projects or significant expansion of current projects. |  |
| 7 | The funding cannot be used on any project that includes an element of charging / payment for services. |  |
| 8 | The funding can’t be used on any projects which are co-funded directly by the gambling industry. |  |

1. **Disruption to funding**

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| 2.1 **Disruption**.  How has your funding been disrupted since the announcement about the statutory levy? Please be as specific as possible e.g. include the amount of funding you have received previously, engagement you’ve had with operators, or specifics about different funding streams ending. You can also describe the impact of this disruption (Up to 300 words). |
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| 2.2 **Optional question**: If you are proactively shifting funding away from industry funding in line with criteria point two, please share more details about what you are intending. (Up to 300 words) |
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# **Funding request**

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| 3.1 **Your request.** How much funding are you applying for? We would like to understand both the 6 and 12 month funding requirements, though the initial funding phase will be the 6 month period from 1 April 2025 – 30 September 2025 | |
| 6-month request |  |
| 12-month request |  |

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| 3.2 **Overview**. Please provide a brief overview of your funding request. What will you use the funding for? (Up to 300 words). |
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| 3.3 **Evidence of need.** What evidence do you have about the need for your project or activities? What is the gap in the market that you fill? (Up to 300 words). |
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| 3.4 **Evidence of effectiveness.** What evidence do you have about the effectiveness of your approach. Please provide evaluation reports if appropriate or share an overview of the difference your work makes. (Up to 300 words). |
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| 3.5 **Activities.** Please tell us more about how you intend to use the funding. You can specify more about your delivery model and approach, key activities and who will deliver them. (Up to 300 words). |
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| 3.6 **Outcomes**. Please provide an overview of your intended outcomes. What difference are you seeking to make? How will you measure this? How do your outcomes align with the outcomes from GambleAware's strategic framework? (Up to 300 words). |
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| 3.7 **Value for money**. Please tell us about how you ensure good value for money. Do you benchmark salary costs, and what steps do you take to optimise use of resources to achieve your intended impact? (Up to 150 words). |
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| 3.8 **Sustainability**. Please tell us about your plans to sustain the activities at the end of the funding period (Up to 150 words). |
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# **Contact details**

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| 4.1 **Contact details** | |
| Please provide below the person from your organisation we should contact to discuss the application. | |
| First name |  |
| Last name |  |
| Job title |  |
| Email address |  |
| Contact number |  |

# **Declaration**

I certify that the information given in this application is correct and that I am authorised on behalf of this organisation to confirm:

* Acceptance of the System Stabilisation Three fund eligibility criteria and conditions as outlined in Table 2 on the Guidance document.
* Agreement to the System Stabilisation Grant Agreement Terms and Conditions should this application be successful (also linked to in the Guidance document).

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| 5.1 **Authority to submit** | |
| Please ensure the signatory has delegated authority to submit this proposal. | **Name**:  **Date**:  **Signature**:  (electronic signature is acceptable) |

**END OF DOCUMENT**

GambleAware is the independent charity

(Charity No. England & Wales 1093910,

Scotland SC049433) and strategic commissioner

of gambling harm education, prevention and

treatment across Great Britain to keep people

safe from gambling harms.

For further information about the

content of the report please contact

info@gambleaware.org.