

SECTION ONE: ABOUT YOUR PROJECT (for which you are applying for funding)

1. **a. PROJECT TITLE:**

.....

b. AMOUNT YOU ARE APPLYING FOR £.....

2. **LOCATION OF PROJECT:**.....

.....

3. **DATES WHEN PROJECT/SERVICE WILL TAKE PLACE:**

START: mm/year END: mm/year Or, is it on-going?

4. **WHICH OF THE FOUR GUIDING PRINCIPLES OF THE COMMUNITY INITIATIVE FUND DOES YOUR PROJECT ADDRESS (INDICATE ALL THAT APPLY)?**

A. Supporting local people - Lifestyle

- * Providing opportunities for a diverse range of experiences * Developing skills
- * Improving physical wellbeing * Improving emotional wellbeing

B. Supporting local people to be active and healthy

- * Providing opportunities for a diverse range of experiences * Developing skills
- * Improving wellbeing * Supporting independence

C. Development of local economy and culture

- * Protecting the environment and promoting sustainable development
- * Raising the profile of the local community and encouraging new visitors
- * Supporting the development of skills and knowledge
- * Assisting start-up of new community groups and businesses

D. Bringing local people together

* Organising community events and activities * Increasing group membership and widening participation

* Starting up new activities and expanding existing services for members of the community

* Making local communities more resilient

5. PLEASE PROVIDE A BRIEF DESCRIPTION OF THE PROJECT, INCLUDING DETAILS OF:

- Why it is needed;
- Who will benefit;
- If you are working with any other groups/organisations to deliver this project;
- How it addresses the guiding principles of the community initiative fund as indicated in question 4.

6. DOES YOUR PROJECT REQUIRE ANY PLANNING PERMISSIONS?

YES NO

IF YES, PLEASE PROVIDE DETAILS OF WHETHER YOU ARE YET TO APPLY, WAITING FOR A DECISION OR HAVE BEEN AWARDED PLANNING PERMISSION, INCLUDING RELEVANT TIMESCALES:

7. **FELPHAM PARISH COUNCIL, AS A PUBLIC BODY, HAS A GENERAL DUTY TO ENSURE THAT EVERY PERSON IS PROTECTED AGAINST UNFAIR TREATMENT. IF APPLICABLE, PLEASE PROVIDE DETAILS OF HOW YOUR PROJECT/SERVICE WILL ACCOMMODATE THE NEEDS OF DISADVANTAGED GROUPS:**

8. **PEOPLE WHO WORK WITH CHILDREN OR OTHER VULNERABLE MEMBERS OF SOCIETY, WHETHER THEY ARE VOLUNTEERS OR PAID STAFF, MUST BE VETTED TO ENSURE THEY ARE SUITABLE TO DO SO.**

If applicable, have all relevant staff and volunteers received the appropriate Disclosure and Barring Service (DBS) clearance.

YES NO

If no, please provide an explanation as to why any relevant staff and volunteers have not received clearance.

SECTION TWO: ABOUT YOUR ORGANISATION/GROUP

9. **ORGANISATION OR GROUP INFORMATION (INCLUDING TYPE OF ORGANISATION YOU ARE e.g. Charity/Community - Group/Business):**

Registered charity NUMBER (if applicable)

10. **HOW MANY PEOPLE ARE INVOLVED IN YOUR GROUP OR ORGANISATION?**

HOW MANY:

MEMBERS/SERVICE USERS:

VOLUNTEERS:

COMMITTEE/BOARD MEMBERS:

PAID EMPLOYEES:

OTHER (Please provide details):

11. **PLEASE PROVIDE A BRIEF DESCRIPTION OF THE AIMS AND OBJECTIVES OF THE ORGANISATION**

12. PLEASE PROVIDE THE FOLLOWING FINANCIAL INFORMATION (PLEASE NOTE THAT YOU WILL BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTS AS LISTED IN SECTION FIVE):

PERIOD COVERED mm/year to mm/year

TOTAL INCOME

£

TOTAL EXPENDITURE

£

BALANCE AT YEAR END

£

RESERVES (savings, cash, investments, assets)

£

OF THE RESERVES STATED HOW MUCH IS allocated EARMARKED FOR SPECIFIC PURPOSES? £

Please detail for what purpose(s)

13. IS YOUR ORGANISATION ELIGIBLE TO RECLAIM VAT?

YES

NO

IF YES, PLEASE ENSURE THAT YOUR APPLICATION DOES NOT INCLUDE FUNDS WHICH WILL BE RECLAIMED.

14. HAS YOUR ORGANISATION/GROUP PREVIOUSLY APPLIED FOR GRANT AID FUNDING FROM FELPHAM PARISH COUNCIL?

YES

NO

IF YES, PLEASE GIVE DETAILS OF THE DATE, PROJECT, AMOUNT AND IF YOU WERE SUCCESSFUL

SECTION THREE: COST OF PROJECT AND DETAILS OF FUNDING SOUGHT

15. WHAT IS THE TOTAL COST OF YOUR PROJECT

£

16(a) ARE YOU ASKING THE COUNCIL TO FUND THE TOTAL COST OF THIS PROJECT?

YES

NO

If YES, please explain why you are unable to contribute or obtain other funding.

16(b) If NO, what other methods are being explored to obtain the funds you require to run the project. Please provide details (fund raising, other grants etc).

17. PLEASE PROVIDE A BREAKDOWN OF THE COSTS AND HIGHLIGHT WHICH ARE SOUGHT FROM THIS APPLICATION. COPIES OF QUOTES MUST BE SUPPLIED

APPLICANTS MUST READ THE FOLLOWING PRIVACY NOTE AND TERMS AND CONDITIONS BEFORE COMPLETING SECTIONS FOUR AND FIVE OF THE APPLICATION FORM

Privacy Note

The information supplied in the application form will be used to process your grant application.

The Parish Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on the application form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Terms and Conditions

1. The funding must be used only for the purpose specified in the application.
2. The money must be used within 12 calendar months of the allocation being received unless otherwise agreed prior to the funding award.
3. The organisation must keep and provide copies of all receipts for expenditure occurred for the project (funded by the Grant Aid monies) submitting these with a complete evaluation sheet six months after the payment of any award outlining how the grant was spent and value of the project to the local community
4. At the end of the project or in the case where an organisation ceases to exist, or if an organisation ceases to provide a service in the area, the organisation shall notify the Council and if so requested, return any equipment or unspent grant.
5. Felpham Parish Council accept no liability whatsoever in respect of any complaints, claims or actions arising from or associated with any community project.
6. The applicant will be responsible for the expenditure of the monies allocated under this scheme and shall provide all required information to Felpham Parish Council.

SECTION FOUR: ABOUT YOU (APPLICANT ON BEHALF OF ORGANISATION OR GROUP)

Name of applicant

Contact address

Postcode:

Day time contact telephone number

Email address

SECTION FIVE: DECLARATION

I am authorised to apply for the grant set out in this application.

I confirm I have read and understood the privacy note and terms and conditions and declare that the information is true and accurate to the best of my knowledge.

I understand that the grant applied for is to be used within 12 months of receipt and for the purpose specified.

I enclose a copy of the following documents where appropriate to support my application:

Quotes and/or estimates covering all specific elements of the total application sum

Current financial position statement

Governance documents (written constitution, memorandum/articles of association)

Copies of insurance documents

Children/Young People/Vulnerable Adults policy and procedure details (where appropriate)

Signed

Date