

COMMUNITY INVESTMENT APPLICATION FORM

Please complete & return to: : Lyn Mullen, Senior Projects Administrator, Orford Community Hub, Festival Avenue, Orford, Warrington, WA2 9EP , Telephone : 01925 443057, email: smullen@warrington.gov.uk

YOUR ORGANISATION

Name of Group					
Type of Organisation <i>(please mark with a '✓')</i>	Resident/Community Assoc.	<input type="checkbox"/>	Your Group's main focus <i>(please mark with a '✓')</i>	Protect the most vulnerable	<input type="checkbox"/>
	Community Organisation	<input type="checkbox"/>		Grow a strong economy	<input type="checkbox"/>
	Youth/children	<input type="checkbox"/>		Build strong, active & resilient communities	<input type="checkbox"/>
	Parish Council (<i>in partnership with a Community Organisation</i>)	<input type="checkbox"/>		Create a place to be proud of	<input type="checkbox"/>
Have you previously applied for funding <i>(please mark with a ✓)</i>					<input type="checkbox"/>
If yes, have any of your group's details changed <i>(please mark with a ✓)</i> <i>Please enter new details in the section "Contacts for your Group" below</i>					<input type="checkbox"/>
Contacts for your group					
<i>Please enter below details of two people in your group/organisation who will be responsible for any funding and who are closely involved in your project</i>					
Name:			Name:		
Position:			Position:		
Address:			Address:		
County:		Postcode		County: Postcode:	
Tel No (day)			Tel No (day):		
Mobile No			Mobile No:		
Email:			Email:		
Bank account details for your group					
Name of Account					
Name & Address of Bank					
Sort Code		Account Number			
Members of the Group & People the Group work with					
What does your group do?					
How many people attend your group regularly?					

How often do you meet?	
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YOUR PROJECT

Project Name			
Project Duration			
1. Brief description of project			
a)	Describe your project or activity? What will you be doing?		
b)	<u>Where will your project take place?</u>		
	It is important we know which Ward the post code is in (<i>please state below</i>)		
c)	<u>How will local people find out about the project and get involved?</u>		
d)	Are you working with any other organisation, eg police, health workers, housing, employment services or community group (<i>please mark with a ✓</i>) If "yes", please name them all	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

2. The Needs and Benefits of the Project	
a)	<u>What tells you that this project is needed?</u>

b)	Is this project new work or a continuation of existing work? <i>(please mark with a ✓ in the relevant box)</i>				
	<table border="1"> <tr> <td>For new work</td> <td><input type="checkbox"/></td> <td>For existing work</td> <td><input type="checkbox"/></td> </tr> </table>	For new work	<input type="checkbox"/>	For existing work	<input type="checkbox"/>
For new work	<input type="checkbox"/>	For existing work	<input type="checkbox"/>		
c)	<u>Tell us about the people who will benefit from this project:</u>				
d)	Approximately how many people will benefit from this grant? <i>(refer to question 2c)</i>				

3. Monitoring & Evaluating of your Projects Success	
a)	List a minimum of 3 things that will happen or you will see that shows your project has been successful.

4. How can you make sure that the benefits of your project continue in the long term?

5. Third Party Partners of Warrington Borough Council – Information Sharing		
Can we pass your details to Warrington Voluntary Action in order to contact you to offer further support with funding the group development? <i>(please mark with a ✓)</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

6. Equality & Diversity

6a. Who may be the beneficiaries of your project (please mark with a ✓ as many boxes as apply)

The whole community	<input type="checkbox"/>
Pre-school/Early Years (0-4yrs)	<input type="checkbox"/>
Children (5-11yrs)	<input type="checkbox"/>
Young People (12-17yrs)	<input type="checkbox"/>
Adults (18+ yrs)	<input type="checkbox"/>
Older People	<input type="checkbox"/>
People in rural areas	<input type="checkbox"/>

People in urban areas	<input type="checkbox"/>
Men	<input type="checkbox"/>
Women	<input type="checkbox"/>
People with Disabilities	<input type="checkbox"/>
Working	<input type="checkbox"/>
Not working	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>

6b. Please tell us which ethnic groups may be the beneficiaries of your project
(please mark with a ✓ as many boxes as apply)

The whole community	<input type="checkbox"/>
British White	<input type="checkbox"/>
Other White	<input type="checkbox"/>
Mixed, Black & White & Caribbean	<input type="checkbox"/>
Mixed, Black & White & African	<input type="checkbox"/>
Mixed, Asian & White	<input type="checkbox"/>
Asian/Asian British other	<input type="checkbox"/>
	<input type="checkbox"/>

Asian	<input type="checkbox"/>
Asian/British Pakistani	<input type="checkbox"/>
Asian/British Bangladeshi	<input type="checkbox"/>
Black/British Caribbean	<input type="checkbox"/>
Black/British African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
European	<input type="checkbox"/>
Other	<input type="checkbox"/>

FINANCIAL DETAILS

Please provide a breakdown of your costs under the headings that are appropriate to your project

EXPENDITURE

Breakdown of Project Requirements*	Costs £
Total Project Cost	

*You will need to provide quotes or evidence of how you have calculated your costs

MATCH FUNDING

Match Funding Received*			Total £	Secured	
	Yes	No		Yes	No
Have you approached your Parish Council <i>(please mark with a ✓)</i>	<input type="checkbox"/>	<input type="checkbox"/>			
Has your Parish Council offered any match funding – if yes how much	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you approached Warrington Ethnic Communities Association (WECA) <i>(please mark with a ✓)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other income (Please specify)				<input type="checkbox"/>	<input type="checkbox"/>
Other grants				<input type="checkbox"/>	<input type="checkbox"/>
Sponsorships				<input type="checkbox"/>	<input type="checkbox"/>
Own fundraising for projects				<input type="checkbox"/>	<input type="checkbox"/>
Other income <i>(Please specify)</i>				<input type="checkbox"/>	<input type="checkbox"/>
Total Funding Received					
Is your Group able to reclaim VAT? <i>(please mark with a ✓)</i>			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
We hereby apply for a Project Grant of					

CHECKLIST & ENCLOSURES

Please mark with an 'X' if you have the following in place				
Compulsory Enclosures <i>(Please include with your application)</i>		Attached		
A signed copy of your constitution/rules				
3 recent Bank Statements				
The most up-to-date Audited/Examined Accounts				

Your Group should also have		Yes		
A Bank Account with at least 2 signatories				
Annual General Meeting <i>(what was the date of your last AGM?)</i>				
Safeguarding Policy				
A Management Committee				
Equal Opportunities Policy				
A Green Action Plan (ECO Plan)				

Does your organisation need support or training in the following areas which could help you deliver your project more effectively or strengthen your organisation? <i>(please mark with a ✓)</i>	
<input type="checkbox"/>	Support with our constitution or charitable status
<input type="checkbox"/>	Forward thinking and planning for the future
<input type="checkbox"/>	Managing, recruiting & keeping volunteers
<input type="checkbox"/>	Developing projects and community ideas
<input type="checkbox"/>	Leadership
<input type="checkbox"/>	Negotiating & influencing decisions in my community
<input type="checkbox"/>	Working in partnership with other organisations
<input type="checkbox"/>	Generating income for my organisation
<input type="checkbox"/>	Using IT more effectively
<input type="checkbox"/>	Book-keeping, managing money & handling cash
<input type="checkbox"/>	Monitoring & evaluating the effectiveness of our organisation or projects
<input type="checkbox"/>	Developing & implementing policies within my organisation

We confirm that the information on this form is correct; that any grant received will be spent on the activities specified and that we will submit a Feedback Report & recipients within 6 months of the grant being awarded. We will also acknowledge the support of Warrington Borough Council in connection with this project by the inclusion of its logo in all publicity or information material and include the words **“Financially supported by Warrington Borough Council”**

Confirmation of the decision made by the panel will be sent to you within ten working days after the appraisal panel meeting.

Signed	On behalf of	Date