

APPLICATION REF. NO. (Please leave blank – office use only)

.....
**ADUR COMMUNITY GRANTS –
Application form – up to £5,000**

Q1. What is the name of the service / initiative you want funding for?

.....
Q2. About you and your group
Name of Group or organisation

Contact address

.....
Postcode.....

Daytime Tel. No.....

Email

Website.....

How much funding are you applying for?

.....
Please give details of the Management Committee of your organisation. (There must be at least three unrelated people on your governing body).

Name.....

Position.....

Address.....

.....
Postcode.....

Daytime Tel. No.....

Email.....

This address should be the main address of your group, but all correspondence will be sent to the address given in Q3.

Name.....

Position.....

Address.....

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Postcode.....

Daytime Tel. No.....

Email.....

Name.....

Position.....

Address.....

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Postcode.....

Daytime Tel. No.....

Email.....

What is your organisation? (Tick all that apply).

a/ Registered Charity

Charity Number.....

b/ Community Group or Society

c/ Other (Please specify)

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When did your organisation start?

Month.....Year.....

Are you a branch of or related to a larger organisation?

If so, which one?

.....

Q3. Main Contact for this application.

Please note: this should be someone who can talk about this funding application and can be contacted during normal office hours.

Name.....

Position.....

Address (for all correspondence relating to the application if different from the one on page 1).

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Postcode.....

Daytime Tel. No.....

Email.....

Q4. When will your service / initiative commence?

Start Date (month/year).....

End Date (month/year).....

In which Adur ward (or wards) will your service/ initiative take place?

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Ward information is available at www.adur.gov.uk or by calling the Communities Team on 01273 263311

How did you hear about the Adur Community Grants Scheme?

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The main contact cannot be the same person who will be signing the grant agreement on page 14 (The person who signs the agreement will be your Senior Contact)

Remember we only fund initiatives that take place in the year following the award of the grant.

If this is an existing service please ensure the accounts submitted clearly indicate the need for additional funding

Q5. Describe your service / initiative.

(Please be as detailed as you can.)

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Q6. How do you know that people in your community want these activities to take place? What evidence have you collected?

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Q7. Please estimate how many people will directly benefit from your service / initiative.

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Ages of the people who will directly benefit from your service / initiative.

(Estimate numbers of specific age groups or tick 'All Ages' if more appropriate).

- 0 – 12
- 13 – 19
- 20 – 65
- Over 65
- All Ages

Q5. Please describe realistically what you intend to do if awarded a grant. Please use additional sheets of A4 if you need to.

If you attach additional sheets at any stage of the application please head the sheets with:

1. The name of your organisation
2. A contact name and telephone number
3. The name of your project.

Q6. Have you spoken to local people? Is your initiative part of other work that is going on in the community? Have you carried out research into community needs?

Q7. Make a reasonable guess; it doesn't have to be too accurate and a higher number of people is not necessarily better.

Q8. Please explain how you will address any safety issues that may be related to your service / initiative. If working with children or young people (under 18), or adults at risk, how will you ensure their needs are safeguarded?

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Does your group have the following?

- Public Liability Insurance
- Safeguarding Policy
- Equalities & Diversity Policy (if applicable to your initiative)

Please note that your group will need to have these to be considered for a grant and copies of these documents should be sent with your application.

Q9. Who will the service / initiative benefit?

- a) Where will most of the beneficiaries come from? (Ward or wards or disadvantaged groups).
- b) Is the project aimed at a particular group of people?
Yes No

c) If you have answered yes, which groups in particular?

- Unemployed
- People on low incomes
- Refugees/asylum seekers
- Disabled people
- Other

(Please specify.....)

d) How will you ensure their participation?

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.....

Q8. You need to show how you adhere to current legislation. If you have people working on your service / initiative, with who are trained and experienced and who have an understanding of health & safety issues, then please mention it. If you are unclear about carrying out risk assessments and current legislation, please contact Adur Voluntary Action 01903 854980

Ward information is available at www.adur.gov.uk or from the Communities Team.

e) How are you going to publicise what you are doing?

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Q10. How many people are involved with your organisation? (i.e. running the activities and management committee, etc?)

Management Committee.....
Paid Staff.....
Volunteers.....
Other (Specify).....

Q11. Would you describe at least one third of the people listed in Q10 above as any of the following? (tick appropriate boxes)

Disabled Young people Older People (65+)
People of ethnic minority

Q12. How does your service / initiative meet the criteria of the Adur Community Grant Scheme?

Referring to the five priority areas on page 1 of the guidance notes, indicate which of these objectives you are addressing through your service / initiative. How will you measure your success against these objectives throughout the period of funding? How will you ensure sustainability of the service / initiative after the period of funding? If other local groups are also involved, please indicate who and the nature of their involvement.

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Q12 is the most important part of the form. Look at each priority area and **explain how** your project will be helping the Council work towards that priority. **You only need to choose one but can choose more.** If there is competition for funding, additional priorities will be taken into account, so think carefully about this question.

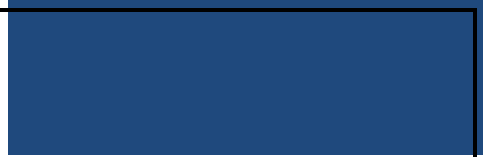
Q13. Budget for the service / initiative. How much will it cost and how much funding are you requesting from Adur District Council?
(Please be as detailed as you can).

<u>Items</u> For example: professional fees, room hire, equipment, staff costs, publicity Please identify core costs included (up to a maximum of 25%)	<u>Cost</u> Can include estimates. If so, you must let us know how you came up with the figure.	<u>Amount requested from Adur District Council</u> as Community Grant funding.
Total		Total

Receipts will be required for any items of equipment that have been purchased.

If you are not requesting all of the funding from Adur District Council please tell us where the rest of the money is coming from and if it is secured.

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Be as accurate as you can. If you only have quotations at this point please use them. You can confirm the exact figures if you are awarded funding.

Cost (Column 2) means what is the full cost of the item in column 1. Amount requested (Column 3) means how much of the cost are you asking Adur District Council for in this application.

Add total cost of project in column 1 and total requested from Adur in column 3.



Q14. Income from service / initiative. Will service users be expected to contribute? If so, how much? How will you ensure the service is sustainable after the period of funding?

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Q15. What contribution is your organisation making to the service / initiative? Include volunteer time (in hours) and 'in-kind' funding.

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Q16. Please provide the following financial details:

Account year ending day.....month.....year.....

Total gross income £.....

Total expenditure £.....

Balance at end of year £.....

Savings £.....
(including any reserves or investments)

If you have any savings larger than your annual expenditure, what are they for?

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Do not forget to enclose your group's latest set of annual accounts or signed financial statement with your application.

Your group does not have to make a financial contribution. Volunteer time is just as important.

Q17. Have you received any grant funding from Adur District Council or any other funder in the past 5 years?

Funder	Activity	Date and amount awarded

Q18. Application Referee

Your application requires an independent referee. References will be taken up.

Title.....First Name.....

Surname.....

Occupation.....

Employer.....

Address.....

.....

.....

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Postcode.....

Daytime Tel. No.....

Email.....

How long have you known this organisation?

.....

How do you know this organisation?

.....

I know this group. I support the request for funding and I am willing to be contacted to discuss this application and comment on any grant awarded.

Signed.....

Date.....

Please continue on a separate sheet if you need to. Please include Adur Pot of Gold, CLC Community Initiative Funding, WSCC Big Society, Social Enterprise Funding as well as Sussex Community Foundation and Big Lottery funding.

Your referee should be someone who holds a professional position, knows the work of your organisation well and can comment upon your proposed service / initiative. The referee could be a Community Development worker (not employed by Adur District Council), a health professional, a social worker, a police officer, or a local councillor. If you are unsure, please contact the Communities Team.

Q19. Senior Contact

The Senior Contact is the person who signs the Grant Agreement between the group and Adur District Council.

Title.....First Name.....
Surname.....
Occupation.....
Employer.....
Address.....
.....
.....
.....
Postcode.....
Daytime Tel. No.....
Email.....

IMPORTANT!

The Senior Contact MUST also sign the Grant Agreement on page 14.

The Senior Contact CANNOT be the same person as in the Main Contact in Q2 but must be on the Management Committee of your organisation.

Data Protection Policy

Adur District Council needs to collect and use certain types of information about people with whom it conducts business in order to operate. These people include current, past and prospective employees, suppliers, client/customers and others with whom it communicates. In addition, it may occasionally be required by law to collect and use certain types of information to comply with Government Departments. All such personal information must be handled properly however it is collected, recorded or used – whether on paper, in a computer or recorded on other material – and there are safeguards to ensure this within the Data Protection Act 1998.

Adur District Council regards the lawful and correct treatment of personal information as very important to its successful operations and to maintaining confidence between the Council and those with whom it carries out business. The Council will ensure that it treats personal information lawfully and correctly. The details of your grant application may be shared with other funders for the purposes of ensuring the right projects are funded by the appropriate funders.

Freedom of Information

The Freedom of Information Act 2000 deals with information, other than personal information, which continues to be managed under the rules of the Data Protection Act.

It means that any member of the public can request any information that the Council holds. This includes information provided by grant applicants. We will inform you that a request has been made before releasing information.

Equalities & Diversity Policy

Your organisation must have 'due regard' to eliminating

- unlawful racial discrimination
- promoting equality of opportunity and good relations between people of different racial groups.

Grant Agreement

- 1** If we are awarded an Adur Community Grant it will only be used for the project described on the application form.
- 2** If we make any changes to the project during the term of the grant, we understand that we must get written agreement for the changes from the Communities Team at Adur District Council.
- 3** We agree to return any unused part of the grant to Adur District Council unless agreed in writing by the Communities Team at Adur District Council.
- 4** During the period of the grant funding we agree to comply with all relevant legislation and to act in a fair and open manner and without discrimination on the basis of gender, race, religion, disability or age.
- 5** The amount of the grant award will be shown in our annual accounts under the heading Adur District Council Community Grant and our Annual Report will show how this funding has been spent.
- 6** We consent to Adur District Council using funded projects for publicity purposes as it sees fit.
- 7** We will meet the requirements of the Data Protection Act 1998 in our management of all personal information.
- 8** We have, or will have by the time the grant is awarded, an Equalities & Diversity Policy, a Safeguarding Policy (if our work involves contact with children or vulnerable adults) and Public Liability Insurance (or our contractors will have PLI if they have direct contact with the public).
- 9** We will ensure that we comply with all laws regulating the way we operate, the activities we undertake, the staff we employ and the goods we buy.
- 10** The grant is made inclusive of VAT.
- 11** We will provide the Adur District Council Communities Team with a monitoring report after 6

months and 12 months. We will also present to full Council if requested.

12 We accept that Adur District Council may have to share information about the Adur Community Grant scheme following a request for information under the Freedom of Information Act 2000.

13 Adur District Council has the right to withdraw the grant at any time: if we do not fulfil the conditions in this agreement; if we break the law in the delivery of the project covered by the grant or for any other reason during the term of the grant funding; if we are in danger of bringing the name of Adur District Council into disrepute; if we have not completed the application form honestly.

This declaration must be signed by your SENIOR CONTACT (see Q19).

I confirm that the organisation named in Q1. Of this application has duly authorised me to sign this agreement for and on their behalf.

I certify that the information given in this application is true and that the organisation has the power to accept this grant if awarded and to repayment if such conditions are not met.

I and the organisation understand that any grant is subject to the terms and conditions herein.

SENIOR CONTACT

Name.....

Position in organisation.....

Signed.....

Date.....

Confirmation of Acceptance

The signature of your Senior Contact on this form is taken as confirmation that you understand our obligations under the Data Protection Act 1998 and the Freedom of Information Act 2000 and that you accept that we will not be liable for any loss or

The declaration CANNOT be signed by your Main Contact in Q2 this must be signed by the Senior Contact of your organisation whose details are given on page 11.

damage to you pursuant to our fulfilment of our obligations under the relevant law.

Once you have completed your form, please check through this list and ensure that you have included all the relevant information by the closing date.

Application Checklist

- We have answered all the questions on the application form.
- The Main Contact (see Q2.) has signed the declaration on page 16.
- The Referee has filled in their details and signed Q18 on page 10.
- The Senior Contact (NOT the contact in Q2.) has signed the Grant Agreement on page 14.
- We have made a copy of the application for our records.

Enclosures

- We have enclosed a copy of our constitution / governing document
- We have enclosed a copy of our latest annual accounts
- We have enclosed a copy of our Safeguarding Policy
- We have enclosed a copy of our Equalities & Diversity Policy
- We have enclosed a copy of our Public Liability Insurance.

Declaration

I understand that incomplete applications will not be processed.

I confirm that all information included in this application is, to the best of my knowledge, correct and that the relevant information has been sent to you. We understand that you may ask for additional information during the assessment process.

Signed (Main Contact Q2.)

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Dated.....

If this form is submitted electronically, please send hard copies of the following pages:-

Referee (Page 10)

Senior Contact (Pages 11 and 14)

Main Contact (Page 16)

Section B: Bank / Building Society confirmation (Page 18)

**Bank / Building Society Account Details Form
Section A (For completion by the applicant).**

Name of Bank / Building Society

.....

Account Name

.....

Bank / Building Society Account Number

.....

Sort Code.....

Building Society Roll Number.....

Postal Address for your organisation (for this account)

.....

.....

.....

.....

Postcode.....

Name, address and date of birth of signatories

(withdrawals need 2 unrelated signatories)

(date of birth is required as an anti-fraud measure)

1) Full Name.....

Position in group.....

Date of Birth.....

Home Address.....

.....

.....

Postcode.....

2) Full Name.....

Position in group.....

Date of Birth.....

Home Address.....

.....

.....

Postcode.....

Section B (for completion by your Bank / Building Society)

To the Manager

Please check the details on page 17 of this application. If they are correct, stamp and complete the declaration below and return this form to the account holder for submission with their application to Adur District Council for Community Grant Funding.

I can confirm that the account exists and that the details are correct.

Name.....

Position in bank / building society

.....

Signed.....

Dated.....

Official Bank / Building Society Stamp
(Please write address of bank / building society if not on your stamp)