

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

COMMUNITY ADUR – Grants to Groups

Application form – up to £5,000

Please refer to the guidance notes when completing this application.

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

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 to your governing body).

Name.

Position.

Address.

Postcode

Daytime Tel. No.

Email

Name.

Position.

Address.

Postcode

Daytime Tel. No.

Email

Name.

Position.

Address.

Postcode

Daytime Tel. No.

Email

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

Registered Charity

Charity Number

Community Group or Society

Other (Please specify)

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).

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?

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

How did you hear about the Community Adur – Grants to Groups Scheme?

What are the aims and objectives of your organisation?

Q5. Please give details of the purpose of your grant
(Please be as detailed as you can).

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

Q7. Please estimate how many people 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

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?

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?

Where will most of the beneficiaries come from?
(Ward or Wards or disadvantaged groups).

Is the project aimed at a particular group of people?

Yes No

If you have answered yes, which groups in particular?

Unemployed

People on low incomes

Refugees/asylum seekers

Disabled people

Other (please specify)

How will you ensure their participation?

How are you going to publicise what you are doing?

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

Management Committee

Paid Staff

Volunteers

Other (please specify)

Q11. How many people involved with your organisation would you describe 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 Community Adur – Grants to Groups Scheme?

Referring to the five priority areas shown in the Guidance Notes, indicate which of these objectives you are addressing through your service or initiative.

How will you measure your success against these objectives throughout the period of the 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.

1. Promoting health & wellbeing in the local community

2. Promoting community involvement and volunteering opportunities

3. Targeting inequalities and deprivation

4. Increasing partnership working between organisations

4. Promoting regeneration of the district

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

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

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

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?

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

Q16. Please provide the following financial details:

Account year ending	Day	Month	Year
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Total gross income £

Total expenditure £

Current Account Balance at end of financial year £

Savings Account Balance at end of financial year £
(including any reserves or investments)

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

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

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

Funder	Activity	Date & Amount Awarded

Q18. Application Referee

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

Title First Name

Surname

Occupation

Address

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

Q19. Senior Contact

The Senior contact is the person who will sign the Grant Agreement between the group and Adur District Council.

Title First Name

Surname

Address

Postcode

Daytime Tel. No.

Email

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

Name of Bank / Building Society

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 the previous page 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).

Application Checklist

- We have answered all the questions on the application form.
- The Main Contact (Q3.) has signed the declaration
- The Referee has filled in their details and signed Q18
- The Senior Contact (NOT the contact in Q3.) has added their details
- 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 Q3.)

Dated

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

- Referee
- Senior contact
- Main contact
- Section B: Bank/Building Society confirmation