

COMMUNITY ADUR - GRANTS TO GROUPS APPLICATION FORM 2016/17

Please complete the application form in full. Please refer to the guidelines whilst completing this application. If you need help please contact 01273 263311. When completed please return to the: Communities Team, 2nd Floor West, Portland House, 44 Richmond Road, Worthing, West Sussex, BN11 1HS or email to communities@adur-worthing.gov.uk

APPLICATION REFERENCE NUMBER (Please leave blank - office use only)
Project Title:
Name of Group or Organisation:
Address: <i>(this should be an address to which correspondence can be sent)</i>
Postcode:
Email Address:
Website:
Name of Main Contact:
Daytime Telephone Number:
Position in Organisation:
How much funding are you applying for?
Where did you hear about the Community Adur - Grants to Groups Scheme?
How long has your organisation been running?
What is the start date for your project / activity?

What project or activities do you want funding for?

In which Adur ward (or wards) will your project take place in? (Ward information is available at www.adur-worthing.gov.uk or by calling the Communities Team on 01273 263311

Who is the project aimed at?

How do you know that these people want your project to take place? What evidence have you collected?

Are you working in partnership with any other organisations? If so which one(s) and why?

<p>How does your project meet the criteria of the Community Adur - Grants to Groups Scheme?</p> <p>Referring to the five priority areas shown in the Guidance Notes, indicate which of these objectives you are addressing through your project or activity. Please give details.</p>
<p>Promoting Health & Wellbeing in the local community.</p>
<p>Promoting community involvement and volunteering opportunities.</p>
<p>Targeting inequalities and deprivation.</p>

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<p>Increasing partnership working between organisations.</p>

<p>Promoting the regeneration of the district.</p>

<p>How will you measure the success of your project?</p>

<p>How many people are involved with your organisation? (i.e. running the activities and management committee etc.?)</p> <p>Management Committee Paid Staff Volunteers Other (please specify)</p>
<p>What contribution is your organisation making to the project / activity. Include volunteer time (in hours) and 'in-kind' funding.</p>
<p>Income from project / activity. Will service users be expected to contribute? If so, how much?</p>
<p>How will you ensure the project / activity is sustainable after the period of funding?</p>
<p>Does your organisation have a bank / building society account?</p>

Do you have a set of rules or constitution?
Do you have Child Protection / Vulnerable Adults policies in place? Do you carry out DBS checks?
Do you have public liability insurance?

How much will the project cost and how much funding are you requesting from Adur District Council?		
Items (ie. Professional fees, room hire, equipment, publicity etc.)	Cost (If this includes estimates please let us know how you came up with the figure)	Amount requested as grant funding
TOTAL	£	£

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

If you are not requesting all of the funding from Adur District Council please tell us where the rest of the funding is coming from and if it has been secured.
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Please provide the following financial details for your organisation		
Account year ending...	Day	Month
Total Gross Income		£
Total Expenditure		£
Current Account Balance at end of financial year		£
Savings account Balance at end of financial year		£
If you have any savings larger than your annual expenditure, what are they for?		

Do not forget to enclose your groups latest set of annual accounts or signed financial statement.

APPLICATION CHECKLIST		
Have you answered all the questions on the application form?	YES	NO
Have you signed the declaration?	YES	NO
Have you made a copy of the application for your records?	YES	NO

ENCLOSURES		
We have enclosed a copy of our latest annual accounts or financial statement.	YES	NO

DECLARATION

- I understand that incomplete applications will not be processed.
- I confirm that all the 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

Date