**Supporting Communities Fund 2024**

**Application Form**

**The deadline for the receipt of applications is 23:59 on Tuesday 14th May 2024**

Please send completed applications to – communitygrants@easthants.gov.uk. Before completing this application form, **please read the funding guidance notes** to ensure your organisation and project is eligible.

**SECTION 1 - DOCUMENTS TO INCLUDE WITH YOUR APPLICATION**

Please confirm that you have attached the following documentation. Your application will not be considered without these documents. Depending on the information given in your application, we may ask for additional documentation.

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| --- | --- |
| **Constitution** *your constitution must have a dissolution clause or winding up clause which states how remaining funds would be distributed should your organisation close.**For support with your constitution or governance please contact Community First via* support@cfirst.org.uk *or visit* [*https://www.cfirst.org.uk/resources*](https://www.cfirst.org.uk/resources) | Yes/No Page No…… |
| A copy of your organisations most recent accounts (audited where appropriate) or latest bank statement for new organisations | Yes/No |
| Written quotes/evidence of costs  | Yes/No |

**SECTION 2 - DECLARATION (on behalf of the organisation or group)**

* I have read the criteria of the fund and at least one of the priorities has been met
* The information on this form is true and correct
* Any award received will be spent on the activities specified
* I confirm we have a bank account in the name of the organisation which requires two unrelated bank signatories
* The project will be started within 12 months of receiving the funds
* I understand that EHDC reserves the right to reclaim any grant not used for the purposes stated in this form
* If our organisation is wound up or ceases to operate, any unspent SCF grant money will be returned to EHDC
* If successful, I agree to complete a monitoring form to detail the outcomes of the project, when requested. I understand that failure to complete a monitoring form may preclude the awarding of future community grant funding schemes to our organisation
* I understand that it is the applicant’s responsibility to ensure all required permissions and approvals are in place prior to the project commencing

Finally, I confirm we have £…………….. in unallocated reserves. This does not exceed one year’s running costs.

**Signed …………………………………………………………………………………………………………………..**

**Print Name ………………………………………………………DATE…………………………………………………..**

**SECTION 3 - INFORMATION ABOUT YOUR ORGANISATION**

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| **Name of organisation** |  |
| **Address of organisation** |  |
| **Organisation Website** |  |
| **Type of organisation (i.e. not for profit, CIC, Charity):** *(if registered charity,* *please include charity number)* |  |
| **If successful, please name the organisation that will receive and hold the funds** |  |
| **Brief overview of what your organisation does and its aims:** |
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**SECTION 4 - PROJECT CONTACT DETAILS (NAME OF PERSON APPLYING)**

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| **Applicant Name** |  |
| **Position in organisation** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **Who can we contact if the person above is unavailable (inc Tel No & Email)?** |  |

**SECTION 5 - WHAT ARE YOU APPLYING FOR?**

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| **Please state if you are applying for a CAPITAL or REVENUE GRANT** |  |
| **Amount requested if capital (*between £1,000-£25,000):***  |  |
| **Amount requested if revenue** **(*Maximum £10,000 per annum*** ***for maximum of 3 years):*** |  |
| **Amount per year if revenue** | Year 1Year 2Year 3 |

**SECTION 6 - DETAILS OF YOUR PROJECT/SERVICE**

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| **6.1 Project Title** |
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| **6.2 Project Description:** *Please provide a detailed description of the project or service you require funding for.* Scored out of 3 |
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| **6.3 How will your service or project help to deliver at least one of the priorities of the Supporting Communities Fund?** *This should include a description on what the impact of your project/service would be in relation to the priorities below.* **The priorities are:**  1. Supporting positive mental health in residents, in particular, young people 2. Reducing social isolation in residents, in particular, older people 3. Supporting our communities to thrive, building resilient community groups and organisations Scored out of 10 |
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| **6.4 Who will benefit from your project or service?** *Please include details of how your beneficiaries link to the priorities of the grant.* Scored out of 3 |
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| **6.5 How many people will benefit from your project or service?** *Please include details on the impact your project or service will have on the beneficiaries.* Scored out of 3  |
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| **6.6 Where will your project or service take place?** Not scored but essential to answer |
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| **6.7 When will your project or service take place?** *Please include expected start/finish dates.*Not scored but essential to answer |
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| **6.8 How can you evidence that there is a need for this project or service?** *It is important to include any letters of support, national or local statistics, consultations, or research you have undertaken to support this answer linking back to the priorities of the grant.*Scored out of 10 |
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| **6.9 Please specify the risks associated with your project or service and list any planned mitigations.** *All projects have risks for example, financial risks, staff/volunteer/resourcing risks and/or specific project risks.*Scored out of 4 |
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| **6.10 Please explain how your project or service will be managed.** *This should include detail on who will be responsible for overseeing the project or service and how you will track the progress of the project.*Scored out of 4 |
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| **6.11 How will you evaluate the impact of your project or service?** *This should include detail of how you will be able to assess whether the project has met its objectives.*Scored out of 3  |
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| **6.12 How will you promote your project or service to your target audience?** *This should include all methods of communication or promotion you will use, how and why.*Scored out of 4 |
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| **6.13 Please explain how your project or service will work in partnership/consult with other groups/organisations.**Scored out of 1  |
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| **6.14 Do you have permission from the landowner/building owner for your project or service to take place?** *If available, please provide letters/emails from owner confirming permission.*Not scored but essential to answer   |
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| **6.15 Does your project require planning permission or any other consents?** *If you are a tenant with a lease, please state the expiry date of your lease.*Not scored but essential to answer |
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| **6.16 Please tell us what measures you will take to ensure your project or service is fully accessible.** *For example, those with additional needs or requirements, wheelchair users, pushchairs/prams users etc.* Scored out of 1 |
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| **6.17 Will participants need to pay a fee to attend/take part/benefit?** *If so, please confirm how much per participant.* Not scored but essential to answer |
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| **6.18 If your organisation has received funding from EHDC in the last 2 years for this or other projects, please list below:** Not scored but essential to answer |
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| **6.19 Would the project be able to go ahead with only part funding? How would you be able to adapt the project to be delivered if partial funding was awarded?** Not scored but essential to answer |
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**SECTION 7 - FOR CAPITAL PROJECTS ONLY**

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| **7.1 If you are applying for funding for a permanent structure or facility, what plans have you made for future maintenance and management?** Scored out of 3 |
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**SECTION 8 - FOR REVENUE PROJECTS ONLY**

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| **8.1 How will your project continue to be funded following the end of this grant (if approved)?** *Applications should demonstrate how the funding awarded will ensure long term sustainability.*Scored out of 3 |
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| **8.2 Please detail three milestones, or one for each year of funding you have requested, which you want to achieve within the project. If successful, these milestones may be used to monitor your project.**  Not scored but essential to answer |
| Milestone one –Milestone two –Milestone three – |

**SECTION 9 - OTHER DOCUMENTATION**

**Please confirm your organisation has the following documents:**

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|  | **Date updated or adopted** | **If no, please explain** |
| **SAFEGUARDING POLICY** |  |  |
| **EQUALITY & DIVERSITY POLICY** |  |  |
| **PUBLIC LIABILITY INSURANCE** |  |  |
| **EMPLOYER’S LIABILITY INSURANCE** |  |  |
| **HEALTH & SAFETY POLICY** |  |  |

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|  **Safeguarding**   |
|  **Does your organisation work with children (under 18) or adults at risk of harm?**   For a definition of adults ‘at risk of harm’ [click here](https://cks.nice.org.uk/topics/safeguarding-adults-in-care-homes/background-information/safeguarding-definition/#:~:text=The%20definition%20of%20an%20%E2%80%98adult%20at%20risk%E2%80%99%20varies,themselves%20because%20of%20their%20care%20and%20support%20needs.)    |                    YES / NO   |
|  **Does your organisation have a Safeguarding Policy?**   **Do your staff/volunteers receive Safeguarding Training?**  |                   YES / NO                      YES / NO  |
| If your organisation does work with children (under 18), or adults at risk of harm but you do not currently have a Safeguarding Policy in place, you will need to contact our Safeguarding team (safeguarding@easthants.gov.uk) regarding adopting one in line with EHDC policy (<https://www.easthants.gov.uk/community-and-living/safeguarding-and-modern-slavery>).    |

*Finance tables to be completed below*

**SECTION 10 - FINANCE DETAILS**

Please use the following tables to list the costs and income for this specific project or service:

* TABLE 1 - Expenditure Table – Capital Projects only
* TABLE 2 - Expenditure Table – Revenue Projects only
* TABLE 3 - Income Table – All Projects

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| **TABLE 1 - EXPENDITURE CAPITAL PROJECTS ONLY -** *The total expenditure should match the total income (Table 3)* |
| **ITEM DESCRIPTION** | **PURCHASE COST** | **EVIDENCE PROVIDED** |
| *Example: lawnmower* | *£500* | *Quote from local garden centre attached* |
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| **TOTAL EXPENDITURE:** |  |  |

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| **TABLE 2 - EXPENDITURE - REVENUE PROJECTS ONLY -** *The total expenditure should match the total income (Table 3)* |
| **ITEM DESCRIPTION** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL COST** | **EVIDENCE OF COST** |
| *Example: Room hire costs* | *£900* | *£900* | *£900* | *£2,700* | *45 weeks @£10 per hour, for 2 hours a week. Venue quotes/pricings included* |
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| **TOTAL EXPENDITURE:** |  |  |  |  |  |

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| **TABLE 3 – INCOME – FOR ALL PROJECTS (CAPITAL & REVENUE)** *\*Please note your total income should match the total expenditure shown in either table 1 (capital) or table 2 (revenue)* |
| **Income** | **Amount** | **Details of income** | **Pending or confirmed**  |
| *Example: grant from parish council* | *£2,000* | *Funding application submitted February 2023* | *Decision expected July 2023* |
| *Example: Participant fees* | *£500* | *Ten people for ten weeks @ £5pp* | *Pending* |
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| **TOTAL INCOME:** |  |  |  |

EHDC Community Team regularly share information, such as funding opportunities and details of events or activities. We may contact people individually to request some advice or information that will help with our work. We do not share contact details with other organisations. We will not share your details with other EHDC departments or Councillors, without seeking your permission and explaining the reason. If you would like to be added to our contact database, please confirm below:

*I agree to EHDC Community Team storing my contact details: YES NO*

**COMMUNITY LOTTERY –** Please go to <https://www.easthantslottery.co.uk/> to find out if your organisation is eligible and how to sign up to be a beneficiary.

**DON’T FORGET TO ENCLOSE A COPY OF YOUR CONSTITUTION, ACCOUNTS, QUOTATIONS FOR COSTS AND OTHER EVIDENCE WITH YOUR APPLICATION TO ENSURE YOUR APPLICATION CAN BE PROCESSED.**

**Please return this application and supporting information by email to:**

**communitygrants@easthants.gov.uk** **by 23:59 on Tuesday 14th May 2024.**