

## 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](mailto:smullen@warrington.gov.uk)

### YOUR ORGANISATION

Name of Group					
Type of Organisation <i>(please mark with a '✓')</i>	Resident/Community Assoc.		Your Group's main focus <i>(please mark with a '✓')</i>	Protect the most vulnerable	
	Community Organisation			Grow a strong economy	
	Youth/children			Build strong, active & resilient communities	
	Parish Council ( <i>in partnership with a Community Organisation</i> )			Create a place to be proud of	
Have you previously applied for funding <i>(please mark with a ✓)</i>					
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>					
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 <b>Ward</b> 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> )	Yes	No
	If "yes", please name them all		

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?

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### 5. Third Party Partners of Warrington Borough Council – Information Sharing

	Yes	No
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>		

## 6. Equality & Diversity

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

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

People in urban areas	
Men	
Women	
People with Disabilities	
Working	
Not working	
Volunteering	

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	
British White	
Other White	
Mixed, Black & White & Caribbean	
Mixed, Black & White & African	
Mixed, Asian & White	
Asian/Asian British other	

Asian	
Asian/British Pakistani	
Asian/British Bangladeshi	
Black/British Caribbean	
Black/British African	
Chinese	
European	
Other	

**FINANCIAL DETAILS**

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

**EXPENDITURE**

Breakdown of Project Requirements*	Costs £
<b>Total Project Cost</b>	

\*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>				
Has your Parish Council offered any match funding – if yes how much				
Have you approached Warrington Ethnic Communities Association (WECA) <i>(please mark with a ✓)</i>				
Other income (Please specify)				
Other grants				
Sponsorships				
Own fundraising for projects				
Other income <i>(Please specify)</i>				
<b>Total Funding Received</b>				
Is your Group able to reclaim VAT? <i>(please mark with a ✓)</i>				
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>	
	Support with our constitution or charitable status
	Forward thinking and planning for the future
	Managing, recruiting & keeping volunteers
	Developing projects and community ideas
	Leadership
	Negotiating & influencing decisions in my community
	Working in partnership with other organisations
	Generating income for my organisation
	Using IT more effectively
	Book-keeping, managing money & handling cash
	Monitoring & evaluating the effectiveness of our organisation or projects
	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