

Capital Grants

Application form 2011/12

“Supporting Our Big Society”

Please read the guidance notes carefully before you fill in this form. If you have any questions, please contact Community Action on 0116 272 7669.

1 The grant

- a Total cost of your project (from section 5a)
- b Amount you would like from us
(max 50% of 'a' above, up to £5,000)

2 Your organisation

- a Name of your organisation - as it appears on the bank account

- b Address of your organisation (where your group meets)

Postcode

Website

- c Your name

Position in the organisation

- d Your address

Postcode

e Your telephone number(s)
Your email

f Names of others in the organisation

Chairperson	<input type="text"/>
Secretary	<input type="text"/>
Treasurer	<input type="text"/>

g Does your organisation have a written constitution?
Yes No

h What geographical area does your organisation cover?

i What are the main aims and activities of your organisation?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

j Is your organisation accredited through Club Mark?
Yes No

k Does your organisation run a membership scheme?
Yes If yes, please give details below No

Annual fees	<input type="text"/>
Benefits of membership	<input type="text"/>
	<input type="text"/>

l Is your membership open to all? Yes No
If no, please explain why not

m Are all applications for membership automatically approved? Yes No

If no, please explain why not

n Does your organisation charge per session for attendance?

Yes If yes, please give details below No

o Does your organisation offer reduced rates for any specific groups?

Yes If yes, please give details below No

--

p Has your organisation received any Blaby District Council grants in the past three years?

Yes If yes, please give details below No

Purpose of grant(s)			
Amount(s) received		Date(s) received	

q Does your organisation involve people under the age of 18 years?

Yes No

If yes, does it operate a child protection policy?

Yes If yes, please attach a copy No

r Does your organisation involve providing services to vulnerable adults?

Yes No

If yes, does it operate a vulnerable adults policy?

Yes If yes, please attach a copy No

e Do you have local support for your project in terms of partner organisations, volunteers or donations?

Yes If yes, please give details below No

f Please describe how your project will address at least one of Blaby District Council's key priorities set out in the guidance notes (page 4)

g Please estimate how many people in Blaby District will benefit from the project over the next 12 months

--

h Will your project be accessible to people with disabilities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, please explain			

i Please estimate how many people in the following categories will benefit from your project

Under 18s	<input type="checkbox"/>	People on low incomes	<input type="checkbox"/>
Over 50s	<input type="checkbox"/>	Black & ethnic minorities	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>		

4 Property

Does your project involve any alterations to land or buildings? – Please note that you must own, lease or rent the building or land in question.

Yes

No

If 'yes', please go to question 4 a.

If 'no', please go to section 6.

a Please describe briefly the works involved

b What rights do you have to the property? Please tick:

Freehold (owned by you)

Go to section 5

Leasehold (leased by you)

Go to question 4 c & d

Rental (rented to you)

Go to question 4 c & d

c Do you have a formal written lease or rental agreement which assures your tenancy for a period of more than five years? Yes No

d Do you have permission from the freeholder for the works to take place?

Yes

No

If no, please state what permissions you require and when you expect to receive permission:

5 Planning permission

a Does your project require you to obtain planning permission?

Yes

Go to question 5 b

No

Go to section 6

b Have you applied for planning permission from Blaby District Council?

Yes

No

c If yes, please write your planning reference number below:

d If no, when do you anticipate submitting an application?

6 Budget

- a **Expenditure** Please give costs of all the items you will be paying for as part of your project. Please be sure to include VAT costs.

Item	Cost
	£
	£
	£
	£
	£
	£
Total cost	£

- b **Income** Please give amounts of income already brought in or anticipated for your project

Income from	Amount anticipated	Amount confirmed
Your own organisation	£	£
Parish council	£	£
Fundraising	£	£
Other organisations – please itemise	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
Amount applied for in this application (max 50% of total expenditure up to £5,000)	£	£
Total anticipated income	£	£

c Have you allowed for all VAT costs which your organisation will bear?

d If income is less than the full project cost, please explain where the balance will be found.

e Please state how you will meet ongoing running costs of your project (including insurance and day-to-day maintenance costs) after it is completed.

7 Checklist

Before you sign your application, please check the following:

- Have you answered every relevant question on the application form?
- Have you included a copy of your organisation's constitution? (Not necessary if the constitution is already on file with Community Action)
- Have you included a copy of your Child Protection Policy or Vulnerable Adults Policy if relevant?
- Have you ensured that the project is properly covered for insurance?
- Have you enclosed copies of three quotes for project costs?
- Have you enclosed copies of any planning permissions obtained?
- Have you enclosed your organisation's most recent accounts?
- Have you enclosed a copy of your organisation's most recent bank statements? (For a period of three months prior to this application)
- Have you scheduled a site-visit for Community Action to come and view your premises or the location of your project?

I confirm that I have read and understood the guidance notes and as far as I know, the information in this application is true and correct. I understand that if the grant is not spent in accordance with the guidelines and for the approved purpose Community Action Partnership has the right to ask for return of the funds.

Your signature

Name

Date

Please send your application to: CommunitySupport Organiser
Community Action Partnership
The Pavilion
Sportsfield Lane
Huncote
Leics LE9 3BN

