

Revenue 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 4 item a)
- b Amount you would like from us (from Section 4 item d, max £500)

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

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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

- s If your organisation involves people under the age of 18 or vulnerable adults, have all relevant volunteers had a Criminal Records Bureau (CRB) check?

Yes

No

3 Your grant application

- a What are you requesting funding for?

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- b Please give a brief outline of what the grant will support (include what you will be doing, when and where the work will take place, who will participate, and who will benefit)

- c How will you advertise your project to encourage people to participate?

- d What do you plan to be the outcomes of your project?

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

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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 Budget

- a **Expenditure** Please list costs of all the items you will be paying for as part of this project. Please provide as much detail as possible.

Item	Cost
	£
	£
	£
	£
	£
	£
Total cost	£

- b **Income** Please list estimated amounts of income associated with the project. Please provide as much detail as possible.

Attendance fees	£
Sales (refreshments or other)	£
Other(s)	£
Total income	£

- c **NET COST (a-b)** £

- d **GRANT APPLIED FOR** *(Please note we are unable to provide 100% of the total cost of the project. If you are applying for more than £250, you must provide 50% matching funds)* £

- e If you are successful in your application please explain how you will meet the balance of costs

- f And if your project is continuing, how will you meet the full costs after this grant has expired?

5 And finally

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 quotes for project costs?
- Have you enclosed your organisation's most recent accounts?
- Have you enclosed a copy of your organisation's most recent bank statement?

I confirm that, 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
Leicestershire
LE9 3BN

