



For official use only

Date received:

Reference number:

Confirmation:

Decision:

Yes No

Resident Involvement Officer:

Approved by:

Section (1): Project name and contact details

Project name:

Have you applied for funding before?

No

Yes (if yes, complete below)

Date of last application:

Amount applied for:

Decision of panel:

Yes

No

Organisation:

Lead contact:

Job title:

Address:

Contact number(s):

Email:

Referee: Please give details of an independent person who we can contact as a referee about your group or organisation work and activities. Referees will be contacted before agreeing funding.

Name:

Position:

Organisation:

Address:

Contact number(s):

Email:

Evidence: If you can't provide any of the documents, please tell us

why. Provided (please tick)

Copy of your constitution or rules

Copy of a recent annual report

Latest audited accounts or spending plan for a new group

Equal opportunities statement and policy

A safeguarding policy if you will be working with children or vulnerable adults

Copies of staff DBS checks

Quotes or catalogue prices if you plan to purchase equipment

Copy of a recent bank statement

Signature:

Reason why documents cannot be supplied:

Declaration statement

I, the undersigned, declare that the information given in this application is true and that my group or organisation has formally agreed that I can act on their behalf as the main contact for this application.

Name:

Date:

Section (2): About your project proposal

Which aspiration and social mobility theme(s) does your project address? Tick all that apply.

Making connections with schools and adult learning

Offering training and education opportunities, access and inclusion

Encouraging local enterprise and employment schemes

Financial awareness

Community sports and arts projects

Environmental projects

Healthy living

Community social activity or event

Other (*please specify*):

Why does your group or organisation feel this project is needed and a priority for One Housing residents?

Has your group or organisation consulted with proposed users and local residents about this project?
(If yes, please explain)

How does your group or organisation plan to monitor and evaluate the project?

You will be required to provide proof of one or more of the following as part of the monitoring and evaluation process, should your application be successful. Details will be set out in the Community Chest contract form that your organisation will need to sign as part of any agreed funding.

- Photographs of activity and permission to use them in future publicity and newsletters.
- A completed Community Chest monitoring and evaluation form.
- Evidence and equalities breakdown of users participating in the project.
- Proof of purchase and spend receipts for any grant funding agreed.
- Evidence of user feedback and evaluation forms.

Section (3): Financial and budget details

What is the total budget for the project?:

How much funding are you applying to the Community Chest for?:

If you are applying to more than one grant funder to support this application, or you are working in partnership with another organisation to deliver the project, please complete the table below. Please continue on a separate sheet of paper if necessary and attach.

Organisation name	Amount	What will the funding be used for?	Expected approval date
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Total:

Please provide a breakdown of the cost or budget for activities or equipment to be provided or purchased.
Please continue on a separate sheet if necessary.

Item or activity	Amount	Breakdown of costs (where relevant)
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Total:

Your organisation's banking details

Account name:

Bank/building society:

Account number:

Sort code:

Please give details of the organisation's account signatories. A minimum of two unrelated signatories will be accepted.

Name of signatory (please print full name)

Position in organisation

Section (4): About your group or organisation

Please state your group's aims and objectives (attach a copy of your constitution or rules).

When was your
group set up?

Are you a registered charity or company?
(If yes, please give charity or company number:)

No Yes

Organisation's status:
(eg company/social enterprise/community interest company/IPS/unincorporated club or association.)

How many people are involved in your group or organisation?:

Management committee:

Members/users:

Paid staff (full-time):

Volunteers:

Paid staff (part-time):

Management committee contact details:

Please give the name and home address of each member of your management committee. The management committee should have at least three unrelated members. We will not be able to consider your application without this information. *Please continue on a separate sheet if necessary.*

Name 1

Position

Address

Name 2

Position

Address

Name 3

Position

Address

Name 4

Position

Address

Who are the primary users of your group or organisation? Tick all that apply.

People with disabilities

Single people

Older people

Young people

Women

Bisexual, lesbian, gay and
trans-gender people

Black and minority ethnic communities
(*please specify*):

Other (*please state*):

What age group do your activities benefit? You can tick more than one box.

Toddler and pre-school (under 5's)

Secondary school (11-18yrs)

Adult (21yrs+)

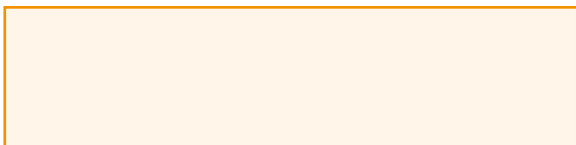
Primary school (5-11yrs)

Young adults (18-21yrs)

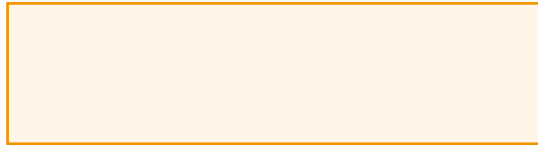
Adult (50yrs+)

For safety and monitoring purposes please sign below to confirm that you have safeguarding procedures in place and that your volunteers or staff have a current DBS check. We will need to see copies of DBS forms. I confirm that all volunteers and staff working on the project have passed a DBS check.

Signature:

A rectangular box with an orange border, intended for a signature.

Date:

A rectangular box with an orange border, intended for a date.