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**COMMUNITY RESILIENCE GRANT APPLICATION FORM**

**2022**

Small grant funding of up to £500 for local community health & wellbeing projects with a focus on reducing social isolation.

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| **SECTION 1 – About you** | | |
| **Name:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **Which organisation is supporting your application?** |  | |
| **Address of supporting organisation** |  | |
| **Contact person within organisation** |  |  |

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| **SECTION 2 – Your Project**  **Please answer each question below to help us to understand the project that you are requesting funding for.** | | |
| **Project Name:** |  | |
| **What are you aiming to do and why? (300 characters)** | | |
| **How will your project actively engage local people in making positive changes to their health and wellbeing in our communities?** | | |
| **What will the outcomes be of this project?** | | |
| **When would you expect the project to start and finish?** | | |
| **Who will mainly benefit from your project?**  **(Please tick at least one).** | Young People  Older People  General Community  Resident Association  Sports or Arts  Minority groups (e.g. LGBT, Disabled, BAME)  Other: | |
| **Please provide an itemised breakdown of the project requirements and their likely cost.**  **Please tell us how much the TOTAL project will cost and how much funding are you asking for from the Community Resilience Grant.** | **Item** | **Cost** |
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| ***Total cost of project*** | **£** |
| ***Funding requested from Community Grant*** | **£** |
| **If the total cost is more than you are requesting, where are you getting the rest from?** |  | |

**Declaration:**

One for partner organisation:

|  |  |
| --- | --- |
| **I declare that to the best of my knowledge and belief the information supplied on this application form is correct. This application is in compliance with the guidance notes and I confirm I have the authority to sign on behalf of the partner organisation.** | Signed: |
| Position: |
| Date: |

One for the individual:

|  |  |
| --- | --- |
| **I declare that to the best of my knowledge and belief the information supplied on this application form is correct. This application is in compliance with the guidance notes and I confirm I am being supported by the organisation making this application.** | Signed: |
| Date: |

**You can return your form:** Please complete and return this form via email to [LWS@seftoncvs.org.uk](mailto:LWS@seftoncvs.org.uk) or by post to Living Well Sefton, FREEPOST RTCG-HGYH-LHRS,   
Sefton CVS, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.