**Round 9 – Community Resilience Grant Application Form  
2022/23**

**Grant funding of up to £2000 for local community health & wellbeing projects** responding to issues around Obesity in Sefton **by addressing:  
(select one)**

Healthy eating

Physical activity

Sport and fitness

Improving green spaces

Exercise and Mobility

Behaviour change

Other (please describe)

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**The deadline for applications is 5pm, Wednesday 8th June 2022**

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| **SECTION 1 – Organisation Details** | | | |
| **Organisation Name and Address:** | Click or tap here to enter text. | | |
| **Contact person:** | Click or tap here to enter text. | | |
| **Role in the Organisation:** | Click or tap here to enter text. | | |
| **Telephone:** | Click or tap here to enter text. | | |
| **Email:** | Click or tap here to enter text. | | |
| **Do you have a constitution?** | Yes | No | |
| **Please select if your organisation is any of the following: *(please select all that apply)*** | a registered charity, Charity Number: Click or tap here to enter text.  a Company Limited by Guarantee, Company Number: Click or tap here to enter text.  A Community Interest Company  An unincorporated association | |  |
| **Please provide Bank Details: Must be a 2 signature account** | Sort Code: Click or tap here to enter text.  Account Number: Click or tap here to enter text.  Account Name: Click or tap here to enter text. | | |

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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:** | Click or tap here to enter text. | | |
| **What are you aiming to do and why? Please also explain how you know there is a need in the community for this project. (200 words max)** | | | |
| **How will your project meet the outcomes selected above and engage people who will benefit from the project? (250 words max)**  **Please list and detail selections from the top of the page** | | | |
| **What outcome(s) will you achieve as part of your project and how will you measure your project’s impact?  Sefton CVS can support you with this and will provide impact measurement tool recommendations on request.** | | | |
| **When would you expect the project to start and finish?**  **Start** Click or tap to enter a date. **End** Click or tap to enter a date. | | | |
| **Please state how many people and volunteers will benefit from your project?** | Number of people: Click or tap here to enter text.  Number of volunteers: Click or tap here to enter text. | | |
| **Where will you activity take place?** | Select one  North  South  Central  Boroughwide  Online | | |
| **Who are your primary beneficiaries from your project?**  **Which age cohort will the project focus on?** | Men  Women  Families  Military Veterans  Resident Association  General Community  LGBTQ+  Disabled  BAME  Offender/Ex-offender  Not in Education Employment or Training  Other (Please describe Click or tap here to enter text.)  18-25 26-35 36-50 51-65 66-80 80+  All ages | | |
| **Do you have the necessary insurance, risk assessments, Health and Safety procedures in place?**  **These must be available on request.** | Public Liability Insurance  Employer’s Liability Insurance  Risk Assessments (incl Covid-19)  Health and Safety procedure | Yes  Yes  Yes  Yes | No  No  No  No |
| **If your project involves working with vulnerable adults or children, please confirm that you have a Safeguarding Policy and that the relevant staff / volunteers have a current DBS check. (Again must be available on request)** | Safeguarding Policy  DBS checks  **NB Sefton CVS can support organisations with achieving this.** | Yes  Yes | No  No |
| **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 t.** | **Item** | | **Cost** |
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| **Total cost of project** | |  |
| **Amount requested from Community Resilience Fund Round 9** | |  |
| **Source of additional funding required if this is application is for part funding. Is that funding secured?** |  | | |

**Declaration:**

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| **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 that I have the authority to sign on behalf of the organisation making this application.** | Signed: |
| Position: |
| Date: |

**You can return your form:** Please complete and return this form via email to CommunityResilience9@seftoncvs.org.uk or by post to Living Well Sefton Community Resilience Fund: Round 9, Sefton CVS, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.