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**COMMUNITY RESILIENCE GRANT APPLICATION FORM**

**2017/18**

Small grant funding of up to £5,000 for local community health & wellbeing projects delivered in partnership

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| **SECTION 1 – Lead Organisation** | | |
| **Organisation Name and Address:** |  | |
| **Contact person:** |  | |
| **Role in the Organisation:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **Names of partner organisations:** |  | |
| **Questions for Lead organisation:**  **Do you have a constitution?** | Yes | No |
| **Are you a registered Charity?** | Yes  Charity Number: | No |
| **Are you a Company Limited by Guarantee?** | Yes  Company Number: | No |
| **Are you a Community Interest Company?** | Yes  Company Number: | No |
| **Are you an Unincorporated Association?** | Yes | No |
| **Bank Details:** | Sort Code:  Account Number:  Account Name: | |

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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?** | | | | |
| **Clearly state which elements each partner will be providing.** | | | | |
| **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: | | | |
| **Do you have the necessary insurance, risk assessments, Health and Safety procedures in place?** | Public Liability Insurance  Employer’s Liability Insurance  Risk Assessments  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.**  Living Well Sefton can support individuals/ organisations with achieving this. | Safeguarding Policy  DBS checks | | 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 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?** |  | | | |
| **Who will be running the activity?** | Volunteers | How many? | | |
| Paid Staff | How many? | | |

**Declaration:**

One for each partner organisation:

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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 [LWS@seftoncvs.org.uk](mailto:LWS@seftoncvs.org.uk) or by post to Living Well Sefton, Sefton CVS, Burlington House, Crosby Road North, Waterloo, L22 0LG.