



Community Chest Grant Application Form – 2009/10

For Official Use Only					
Date Received:		Checked by:		Ref No.:	
Confirmation:		Approved by		Decision:	

Title of Proposed Project					
Organisation:					
Contact Person:		Position			
Address:					
Daytime telephone:		Mobile			
Email:		Amount applied for			

Accompanying Documentation	Provided (please tick)
Copy of your constitution/rules	
Copy of a recent Annual Report or spending plan for a new group	
Latest audited accounts	
Equal Opportunities Statement & Policy	
A safeguarding policy if you will be working with children or vulnerable adults	
Quotes, estimates or catalogue prices if you plan to purchase equipment	

If you are unable to enclose any of these documents, please let us know why

I the undersigned declare that the information given in this application is true, and that my group has formally agreed that I can act on their behalf. If the above information changes I will inform Island Homes part of One Housing Group Community Investment Team.

Signed:

Date:

Name:

Position:

For and on behalf of:

Referee

Please provide details of someone who knows of your group's work but is independent of your group, whom we can contact for a reference.

Name:	Position:
Organisation:	
Address:	
Telephone Number:	Email:

Information about your group/organisation

Please state your group's aims and objectives.

When was your group set up?

Are you a registered charity?

Yes No

If yes, please give registration number

Please provide further details of your organisation's legal status:
(e.g. Company/Social Enterprise/Community Interest Company/IPS/Unincorporated Club or Association)

Company No. if applicable :

How many people are involved in your group?

Management Committee
Volunteers

Paid full time staff
Members/users

Paid part time staff

Is your group primarily for the benefit of people from a particular ethnic minority or cultural group? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, which group?	<input type="text"/>	
Is your group primarily for the benefit of people with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are your activities targeted at a specific age group?		
Pre-School	Primary School	Secondary School
Young Adults	Adults	Elderly

About your Project

Which priorities from our Community Plan does your project address you can tick more than one box:

- 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
- Environmental Projects
- Healthy Living

1. Please say why this project is needed and is a priority for Island Homes residents:

Describe how you would use the grant, answering the points listed below:

You may continue on another sheet or alternatively you may wish to type this whole question out separately (please attach)

2. Please say how you will consult with the project users and local people and show that their views have been listened to:

3. Please set out below how the project will work with other local organisations in providing this project and financing it:

Is the grant for full or part funding of the activities?

4. Please set out below how does the project demonstrates a commitment to equal opportunities:

5. Please describe what monitoring and evaluation processes you have in place for this project and how you can show Island Homes residents have benefited from it:

How will you measure whether your use of the grant is successful?

Please confirm which of the following you will be able to provide Island Homes if we fund you:

- Photographs available for island homes/one Housing Group Publicity**
- Community Chest Monitoring and Evaluation Form**
- Breakdown of Island Homes Residents Participating In Project**

Section 2 – Money and Budget

How much will your project cost

Total
£

If you are applying for more than one grant funder Please state below how much Match Funding have you applied for and from who

Other Match Funding sources	Name	Sub Total
Total		

How much are you applying to Island Homes for?

Total

Please give the budget of the activities for which you are applying for funding. List all income and spending for the proposed activities:

If you wish to provide the budget on a separate sheet, please attach with your application.

Income		Expenditure
Source of funding	Amount	Items
Totals	£	£

Do you have a bank account for the organisation		Yes	No
Account Name:			
Name of Bank and Branch:			
Sort Code			
Account Number			
Bank account signatories: <u>Bank accounts should have at least two unrelated signatories, and preferably three.</u>			
Name of signatory (please print)	Signature		

Additional Information about your group

Criminal Records Bureau Check

Island Homes requires the following information for child safety and monitoring purposes.

If your organisation works with children, all volunteers/staff working with children will need to have passed a standard level Criminal Records Bureau (CRB) check. *[If any of your volunteers/staff needs to have a Criminal Records Bureau check, please contact the LBTH Youth Service].* The grant applicant for your organisation must sign the declaration below if it applies to your application. We may ask you for copies of CRB forms.

I confirm that all volunteers/staff working on the project applied for have passed at least a standard level CRB check: -

Signed

Print name;

Date:

Management Committee Details

Please give the name and home address of each member of your management committee. **Your** management committee should have at least three unrelated members and preferably more.

We will not be able to consider your application without this information together with all the other supporting information mentioned in the application form and guidelines and any further information requested during the assessment process.

Management committee details

1. Chair	2. Secretary
3. Treasurer Name:	

