**COMMUNITY CHAMPIONS FUND   
 APPLICATION FORM 2021**

Small grant funding of up to £2,500 for local community projects aiming to improve the health and physical wellbeing of those most vulnerable in Sefton

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| **SECTION 1 – Organisation details** | | |
| **Organisation Name and Address:** |  | |
| **Contact person:** |  | |
| **Role in the Organisation:** |  | |
| **Telephone:** |  | |
| **Email:** |  | |
| **Do you have a constitution? Please attach this separately** | 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 |
| **Bank Details:**  **(Please provide a copy of your latest accounts)** | Sort Code:  Account Number:  Account Name: | |

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| **SECTION 2 – Your Project**  **Please answer each question below and provide relevant evidence where indicated to help us understand the project that you are requesting funding for.** | | | | |
| **Project Name:** |  | | | |
| **What are you aiming to do and why? Please include** **details of the evidence available for your project in terms of demonstrating a better outcome for individuals and the local community. (200 words max)** | | | | |
| **How will your project actively engage local people in making positive changes to their health and wellbeing in our communities? (200 words max)** | | | | |
| **What will the outcomes be of this project? Please specify expected number of people to benefit, including volunteers and include how you will be able to demonstrate the impact your project will have. (200 words max)** | | | | |
| **When would you expect the project to start and finish and please specify in what part of Sefton the project will be delivered?** | | | | |
| **Which cohort is this project aiming to support?**  **(Please highlight at least one)** | Black, Asian, Ethnic Minority communities  Older People – social isolation  Young People – social isolation  People with a learning disability  People with mental health issues  People with a physical disability  People with a long-term health condition (eg. Diabetes, COPD)  People who frequently attend primary and/or secondary care  Traveller community | | | |
| **Do you have the necessary insurance, risk assessments, Health and Safety procedures in place?** | 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, please confirm that you have a Safeguarding Policy and that the relevant staff/volunteers have a current DBS check.** | Safeguarding Policy  DBS checks | | Yes  Yes | No  No |
| **Please provide an itemised breakdown of the project requirements and their likely cost.** | **Item** | | | **Cost** |
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| ***Total cost of project*** | | | **£** |
| ***Funding requested from 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:**

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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 [championsfund@seftoncvs.org.uk](mailto:championsfund@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.

Deadline is 5pm Friday, May 14.