****

**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.

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

|  |
| --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***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 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.