**Round 10 – Community** **Resourcefulness Grant Application Form
2022/23**

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

[ ]  Bringing communities together

[ ]  Tacking inequalities

[ ]  Cost of living solutions

[ ]  Promoting local knowledge and community support

[ ]  Developing community activities

[ ]  Teaching/learning new skills

[ ]  Holding an event/events with involvement opportunities

If other (please describe below)

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**The deadline for applications is 5pm,** **Wednesday 5th October 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** |
| **How will you measure your project’s impact? Impact measurement documentation available 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 your 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[ ] Diverse Ethnic Backgrounds (DEBs)[ ] 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 InsuranceEmployer’s Liability InsuranceRisk 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 PolicyDBS 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 you are you asking for** | **Item** | **Cost** |
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| **Total cost of project** |  |
| **Amount requested from Community Resilience Fund Round 10** |  |
| **Source of additional funding required if thisapplication 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 CommunityResilience10@seftoncvs.org.uk or by post to Living Well Sefton Community Resilience Fund: Round10 Sefton CVS, 3rd Floor, Suite 3B, North Wing, Burlington House, Crosby Road North, Waterloo, L22 0LG.