**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)

|  |
| --- |
|  |

**The deadline for applications is 5pm,** **Wednesday 5th October 2022**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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 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 Policy  DBS 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** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **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:**

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