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**COMMUNITY RESILIENCE GRANT APPLICATION FORM**

**2017/18**

Small grant funding of up to £5,000 for local community health & wellbeing projects delivered in partnership

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| **SECTION 1 – Lead Organisation**  |
| **Organisation Name and Address:** |  |
| **Contact person:** |  |
| **Role in the Organisation:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Names of partner organisations:**  |  |
| **Questions for Lead organisation:****Do you have a constitution?** | 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 [ ]  |
| **Are you an Unincorporated Association?**  | Yes [ ]   | No [ ]  |
| **Bank Details:** | Sort Code:Account Number:Account Name: |

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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:** |  |
| **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?** |
| **Clearly state which elements each partner will be providing.**  |
| **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:  |
| **Do you have the necessary insurance, risk assessments, Health and Safety procedures in place?** | Public Liability InsuranceEmployer’s Liability InsuranceRisk AssessmentsHealth 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.** Living Well Sefton can support individuals/ organisations with achieving this.  | Safeguarding PolicyDBS checks | 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 are you asking for from the Community Resilience Grant.** | **Item** | **Cost** |
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| ***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?**  |  |
| **Who will be running the activity?**  | [ ]  Volunteers  | How many? |
| [ ]  Paid Staff | How many? |

**Declaration:**

One for each partner organisation:

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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 LWS@seftoncvs.org.uk or by post to Living Well Sefton, Sefton CVS, Burlington House, Crosby Road North, Waterloo, L22 0LG.