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| **Sutton Community Fund 2019-20**  **Application Form**  **Funded by Sutton Council and administered by Community Action Sutton** |  |

**Please read the guidance before you start filling this form in**. You might also find it helpful to speak to **Jackie Parr** from Community Action Sutton before completing your application jackie@communityactionsutton.org.uk or 020 8644 2867).

Please do not attach any additional information that is not explicitly requested in the application form.

Email completed applications with scanned copies of supporting documents to: [Jackie@communityactionsutton.org.uk](mailto:Jackie@communityactionsutton.org.uk) e will **not accept paper applications** unless there are exceptional circumstances. If you do need a paper application, contact Jackie Parr on 020 8644 2867.

If you would like help completing your application form contact Razia Sattar at Community Action Sutton on [Razia@communityactionsutton.org.uk](mailto:Razia@communityactionsutton.org.uk). Community Action Sutton run workshops approximately a month prior to the deadline date for applications. These are advertised on the Community Action Sutton website – [www.communityactionsutton.org.uk](http://www.communityactionsutton.org.uk) or in e-bulletins.

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| Part One: Contact information | |
| **Please complete for the main contact for your group. This person must be a member of your organisation.** | |
| 1. Title |  |
| 1. Forenames (in full) |  |
| 1. Surname |  |
| 1. Position in organisation |  |
| 1. Address |  |
| 1. Phone number |  |
| 1. Email address |  |
| 1. Do you have any communication needs? | Yes/No |
| If yes, what are your communication needs? |  |

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| Part Two: Your organisation | |
| 1. What is your organisation’s name? |  |
| 1. What is your organisation’s address? |  |
| 1. Charity Number (if applicable) |  |
| 1. Company Number (if applicable) |  |
| 1. When did your organisation start (month/year) |  |
| 1. How many people are on your organisation’s governing body, management committee or board of directors? |  |
| |  |  |  | | --- | --- | --- | | Has any Director or other person having control or representation of the organisation been convicted for specified serious offences, including: | Yes | No | | Any of the following:   * Conspiracy * Corruption * Bribery (Conviction under Sections 1 and 6, Bribery Act 2010) * Fraud * Money laundering |  |  | | Any of the following:   * Insolvency * Offence in the course of the business (e.g. regulatory matters, or health & safety breaches * Grave misconduct * Failure to pay taxes * Serious misrepresentation in the provision of information required in a grants or services application process |  |  | | |
| 1. How many people do you employ and how many full time equivalent posts (35 hours per week) do they fill? |  |
| 1. How many volunteers do you manage and, if you have the information, how many full time equivalent posts (35 hours per week) do they fill? |  |
| 1. Are there any restrictions on who can join your organisation? |  |
| 1. If yes, what are they and why do you have them? (Up to 50 words) |  |
| 1. Does your organisation have a website?   If yes, what is your website address? | Yes/No |
| 1. Please give details of the bank or building society account into which we would pay the grant:  * Name of the bank or building society you hold an account with * Your account name (the organisation name on your statements) * Sort code * Account number * Building Society roll number (if appropriate) |  |
| 1. Please provide a summary from your most recent accounts and attach a copy of your most recent annual reports / accounts:  * Account year ending: dd/mm/yy * Total income for the year (A) * Total expenditure for the year (B) * Surplus or deficit at the year end (A-B) * Total savings or reserves at the year end |  |
| 1. Please provide an overview of your reserves policy |  |
| 1. Please provide details of any quality standards your organisation meets. (Max 150 words) |  |
| 1. Please provide a summary of what your organisation does. (Max 150 words) |  |

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| **Part Three: The Sutton Community Fund Priorities are closely linked to those of the Sutton Plan** |
| **Please indicate which of the priorities listed below your proposed project will deliver.** |

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| **Priority** | **Yes or No** |
| Tackling Domestic Violence and abuse and its causes |  |
| Providing early help to young families at risk of disadvantage |  |
| Supporting older people |  |
| Making Sutton a better place for all age groups |  |

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| **Part Four: Your Project/Activity** |
| 1. Please give a brief description of your project and the activities you want to deliver.   (Max 250 words). |
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| 1. What are the three main outcomes (changes, benefits, learning or other effects) you want to achieve with your project?   (Max. 150 words) |
| 2.1  2.2  2.3 |
| 1. What evidence do you have to show that your project is needed? Have you spoken directly to any potential service users of your service when developing your project proposal   (Max 150 words) |
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| 1. Are you aware of any other organisations who are offering similar provision/activities and have you explored any opportunities to work in partnership? (Max 150 words) |
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| 1. How will you monitor and evaluate your project and demonstrate that you have met your outcomes (those listed in 2.1 – 2.3 above)   (Max 150 words) |
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| 1. Please let us know which developmental assets you think will be built as a result of this project. You will be expected to refer to these in your end of year report. List up to 5 developmental assets. |
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| **Part Five: Beneficiaries of your Project/Activity** | | |
| 1. How many people will benefit from your project in total? |  | |
| 1. How many of these will be Sutton residents? |  | |
| 1. Please tick the boxes below to indicate the group(s) of people your project would support and give us an indication of how many people from each group.   (*In order for us to ensure that we are able to meet the needs of a diverse population, we need an indication of the groups who your services.  In order to monitor the take up of services, if you are successful in getting a grant then we will require you to ask the people who use your service/s the monitoring questions below.  However, it is entirely optional whether they give you this information*). | | |
| **Group** | **Supports this group** | **Numbers of people** |
| Children (under 14) |  |  |
| Young People (14-21) |  |  |
| Adults (22-64) |  |  |
| Older people (65+) |  |  |
| Women |  |  |
| Men |  |  |
| Carers |  |  |
| Disabilities |  |  |
| Black and minority ethnic |  |  |
| Lesbian, Gay, Bisexual or Transgender |  |  |
| Diverse faiths and beliefs |  |  |
| Of working age and unemployed |  |  |
| Travellers |  |  |
| Renting from the council or a housing association |  |  |
| 1. Please tell us the location or locations where your project will operate. | | |
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| 1. How will you promote your project, including to those whose first language is not English or those who may have additional communication needs or are vulnerable community members? | | |
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| **Part Six: Your proposed funding** | |
| 1. Total cost of your proposed project | £ |
| 1. Detailed costs of the project (please list all the things that will need to be funded in order for your proposed project to operate\*) |  |
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| Total Cost of Proposed Project – should be the same as 1. (A) | £ |
| 1. Please also list any other income you have applied for or have already secured for this project. (This can include cash and support in kind). |  |
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| Total of any other income you have applied for/already secured for this project (B) | £ |
| 1. **Amount requested from Sutton Community Fund (A – B)** | **£** |

(\**Quotes are required for equipment or publicity material you wish to purchase using Sutton Community Fund money*).

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| **Part Seven: Please give details of other funding you have received in the last 3 financial years from LBS / Local Committees / Sutton Community Fund** | | | |
| LBS Dept. /Local Cttee /SCF | Financial year | Amount received | For what purpose was the grant awarded |
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| **Part Eight: Please check that you have included copies of the following supporting documentation** | |
| Written Constitution or written rules of your organisation |  |
| Copy of most recent annual accounts |  |
| Copy of public liability insurance |  |
| Safeguarding policy (if your organisation works with vulnerable adults or children) |  |
| Equality and diversity policy |  |
| Health and safety policy covering staff, volunteers and service users |  |
| Compliance with GDPR |  |

I agree that the information provided on this form is true and correct and I agree that if my application is successful, the money can be paid into the account details stated above.

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| Name |  |
| Position in organisation |  |
| Date |  |

**Please send your completed application form with scanned copies of relevant documents to: jackie@communityactionsutton.org.uk**