## Logo, company name Description automatically generatedSt Hellier Community Fund

## Application Form

**ABOUT YOU**

1. Please tick one as appropriate

I am an individual applying on behalf of people in my community

I represent an existing, established voluntary organisation

2. How much are you applying for (maximum £2,000)

3. Name of the group I represent (if applicable)Click or tap here to enter text.

4. Contact person for this project:

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**ABOUT YOUR PROJECT**

5. Name of your project Click or tap here to enter text.

6. Does your project address any of the following themes? Please tick all that apply

Addressing social isolation,

Developing community cohesion,

Tackling inequality

Youth activities

Climate change and environmental issues

Addressing the disproportionate impact of COVID 19 including mutual aid activities

7. When will the project take place?

Start date Click or tap to enter a date.

End date Click or tap to enter a date.

8. Describe the project you want funding for and how it will benefit St Helier? (maximum 300 words)

Click or tap here to enter text.

9. How do you know there is a need for the project? (maximum 250 words)

Click or tap here to enter text.

10. Where will your project take place?

Click or tap here to enter text.

11. What will the funds be spent on? Give a breakdown. (Please provide itemised costings)

Click or tap here to enter text.

12. Will you be providing any match funding to run your project?

Choose an item.

If yes, please state how much and explain how you will raise or have raised this

Click or tap here to enter text.

13. Is your project targeted towards a particular audience? Tick all that apply

Children

Young people

Women

Older people

LGBT community

Men

People who have a disability Click or tap here to enter text.

People from a particular ethnic background Click or tap here to enter text.

Other Click or tap here to enter text.

14. Please confirm, if an individual or small business applying, you will sign CAS’s Safeguarding and Data Protection policy

Choose an item.

15. Who will you work with to deliver your project? (maximum 250 words)

Click or tap here to enter text.

16. How many people will benefit from your project?

Click or tap here to enter text.

17. How will your project be marketed and promoted?

Click or tap here to enter text.

18. How will you monitor the success of your project? (maximum 250 words)

Click or tap here to enter text.

**BANK DETAILS**

This is where we will pay the money if you are successful. Failure to provide correct details may delay your project being able to start.

Bank/building society name Click or tap here to enter text.

Branch address Click or tap here to enter text.

Account name Click or tap here to enter text.

Account Number Click or tap here to enter text.

Sort code Click or tap here to enter text.

Thank you for submitting your completed form.

The closing date for completed applications is **Friday March 18th**

## Evidence of Community Need

Applications must demonstrate local support and community need. You can email us with your support gathered by letters, emails, petitions, surveys (online) or polls. You can provide evidence of community support through WhatsApp groups, other social media evidence including Facebook groups etc. Alternatively, you can use this form to record the support of fellow members in your community. A minimum of 10 residents is required.

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| **First name** | **Surname** | **Post Code** | **Signature** |
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**Additional Information**

If you are a voluntary organisation, please submit the following

* Most recent audited accounts.
* Governing document
* Details of the organisation’s safeguarding policy.

## Funding Agreement

1. For the purposes of the Funding Agreement, ‘recipient’ means the individual or group stated on the application form.

2. The project must be non-profit making.

3. The project activity must be delivered in the St Helier ward and bring direct benefit to local residents.

4. Funds awarded must only be used for the purposes set out in the application form or approval correspondence, unless changes are agreed by the council in writing.

5. The recipient shall not use any part of the grant to support any political party or to engage in publicity, which could reasonably be regarded as designed to affect support for a political party.

6. Funds may not be used to promote any religion or for religious activity.

7. Funds may not be used for the purchase of alcohol.

8. Any allocation from this programme must be spent and accounted for within 6 weeks of completion of the project activity.

9. The recipient is required to submit receipts as evidence of expenditure together with a monitoring and feedback form at the end of the project.

10. The award cannot be used for expenditure made before the date of your offer notification.

11. Evidence of spend must be maintained and provided to Community Action Sutton

12. Monitoring information must be provided as outlined above and be provided within 6 weeks of project completion. Access should be given to the project at all reasonable times

13. The project must be inclusive of all sections of the community and ensure it operates good practice in equal opportunities.

14. The recipient and any third party project organisers must comply with all legal requirements in relation to employment, insurance, health and safety, child and vulnerable adult protection, service delivery, premises and other relevant matters.

15. No recipient or member of the organising group or management committee shall receive payment for services from this award.

16. Awards may not be used to subsidise fundraising activities.

17. Recipients will be expected to share information on their activities, outcomes and achievements, as and when required by Community Action Sutton

18. Written consent is required from people appearing in photographs and videos.

I have read these conditions and in the event of a successful award agree to be bound by them. I understand no funds will be paid unless this agreement is signed. I certify that the information supplied is accurate to the best of my knowledge. I understand and accept that providing deliberate false information could result in legal action being taken against me and withdrawal of funds awarded.

By completing the date and your name you are agreeing to the above statement

Name Click or tap here to enter text. Date Click or tap to enter a date.