

## MEMBER GRANTS APPLICATION FORM – 2023-24

### 1. BASIC DETAILS

<b>Name of organisation:</b>	
<b>Address of organisation:</b>	
<b>Address of venue:</b>	
<b>Organisation type:</b> <i>Charity/Community Interest Company/Social Enterprise Company/ Voluntary / Community Organisation</i> <i>Other (please specify):</i>	
<b>Registered charity number (if applicable)</b>	
<b>Project name:</b>	
<b>Date of application:</b>	
<b>Amount requested (£):</b>	

### 2. APPLICANT DETAILS

<b>Name:</b>	
<b>Position in organisation:</b>	
<b>Telephone number:</b>	
<b>Email:</b>	
<b>Address:</b>	

### Please give a brief summary of your organisation's key aims and objectives:

<b>Councillor(s) that you are applying to for funding:</b> <i>If you wish to apply to more than one councillor, make sure you list them all here with the amounts you are asking from each of them.</i>	<b>Councillor(s) name(s):</b>	<b>Please tick to confirm that you have discussed your project with each councillor named</b> ✓	<b>Amount Requested from each councillor (£):</b>



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Unique reference number:

**Total amount requested (£) - minimum £250 per Councillor, maximum £500 per Councillor**

### 3. ADDITIONAL DOCUMENTATION

All applicants need to provide additional information, and some of this must be included with your application (see below). Please mark the relevant boxes to show whether you are supplying the information with your application, or if you can supply if requested by the Council. **If you do not submit all the essential information required by the application deadline we may not be able to consider your project for funding.**

Document	Provided
Members Grant Eligibility Checklist ( <b>note this is a new requirement – the checklist can be downloaded from the grants website and must be submitted with your application</b> )	Yes / No
Two most recent bank statements ( <b>these must be submitted with your application</b> )	Yes / No
Working with children / vulnerable adults at risk safeguarding policy or policies ( <b>this information must be submitted with your application if your project involves working with children and / or vulnerable adults at risk</b> )	Yes / No
If your project does involve working with children or vulnerable adults at risk are the appropriate individuals cleared by the Disclosure and Barring Service (DBS), and is the appropriate vetting and barring in place? <b>(We operate a spot check procedure which may require you to provide evidence at a later date).</b>	Yes / No
✓	<b>Please indicate which of the following documents your organisation has. At least one of these documents must be attached to your application</b>
	Constitution
	Set of Rules
	Terms of Reference
	Articles of Association
	Other (Please State):
<b>If you are not able to provide one or more of the documents listed above, please explain why:</b>	

**Please give a brief summary of your organisation's key aims and objectives:**

#### 4. YOUR PROJECT

- a) Describe your project. Please include the following details:
- The specific activities you plan to carry out with the grant
  - Where your project will be taking place in the ward
  - The types and number of service users you support
  - Volunteers and / or staff needed to deliver services

- b) Tell us why your project is needed. Please include:
- The specific issues/problems you aim to address through your services
  - How your project will address these
  - Any consultation with the people who will benefit from the project

**Which of the following aims and objectives does your project help to fulfil?**

Healthy communities

A thriving economy

Caring for the environment

#### 5. PARTNERSHIP WORKING

**Will you be working in partnership with any other groups or organisations in delivering this project? If so, please give details:**

## 6. FINANCIAL BREAKDOWN FOR YOUR PROJECT

### Section A: Project Costs

Please list the costs of the whole project (please add extra rows if you need to)

Description	Amount (£)
<i>Please provide breakdowns /itemised lists for example of equipment.</i>	
<b>Total Project Cost:</b>	

### Section B: Project Income

Please list the anticipated income for the whole project, including the total amount you are requesting through the Member Grants, contributions from reserves, fundraising, donations and potential / confirmed grant funding from other sources (please add extra rows if you need to).

Description	Amount (£)
Member Grant (amount you are applying for):	
<b>Total Project Income:</b>	

How will you cover the shortfall if you are not awarded the full amount being requested through the Member Grants scheme?

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## 6. PROJECT TIMESCALE

Please provide an outline timetable for your project (including start and finish dates)

Date	Description of milestone
e.g. 01.07.2019	Deadline for leaflet design work
07.07.2019	Delivery of leaflets from printers



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## 7. DECLARATION

I confirm that I am authorised to make this application on behalf of the organisation and that, as far as I am aware, the information submitted is true and complete. Should we be awarded a grant we will make Charnwood Borough Council aware of any potential changes to the project as soon as we become aware of them. The application is made on the understanding that, should our application be successful, the grant will only be used for the purpose(s) specified in the grant offer letter.

Signature

Name:

Position in organisation:

Date:

### Data Protection

For information about how and why we may process your personal data, your data protection rights or how to contact our data protection officer, please view our Privacy Notice

<https://www.charnwood.gov.uk/pages/privacynotice>

Please return your completed application by email to [membergrants@charnwood.gov.uk](mailto:membergrants@charnwood.gov.uk)

If this is not possible, please contact us on the email address above  
(or by calling us on 01509 634730)  
to agree how best to submit your application