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| **Section (1): Project name and contact details** | | | | | |
| Project Name: VD celebration event | | | | | |
| Have you applied for funding before? | | No | Yes (if yes please complete the below | | |
| Date of last application: | Amount applied for: | | | Decision of panel: | |
| Organisation: | | | | | |
| Lead Contact: | | | | | |
| Job Title: | | | | | |
| Address: | | | | | |
| Contact number: | | | | | |
| Email: | | | | | |
| **Referee:** Please give details of an independent person who we can contact as a referee about your group or organisation work and activities. Referees will be contacted before agreeing funding | | | | | |
| Name: | | | | | |
| Position: | | | | | |
| Organisation: | | | | | |
| Address: | | | | | |
| Contact Number: | | | | | |
| Email: | | | | | |
| **Evidence**: If you cannot provide any of the documents, please tell us why. Provided (please tick) | | | | | |
| Copy of your constitution or rules | | | | |  |
| Copy of a recent annual report | | | | |  |
| Latest audited accounts or spending plan for a new group | | | | |  |
| Equal opportunities statement and policy | | | | |  |
| A safeguarding policy if you will be working with children or vulnerable adults | | | | |  |
| Copies of staff DBS checks | | | | |  |
| Quotes or catalogue prices if you plan to purchase equipment | | | | |  |
| Copy of a recent bank statement | | | | |  |
| Signature: | | | | | |
| Reason why documents cannot be supplied: | | | | | |
| **Declaration statement**  I, the undersigned, declare that the information given in this application is true and that my group or organisation has formally agreed that I can act on their behalf as the main contact for this application. | | | | | |

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| **Section (2): About your project proposal** Which aspiration and social mobility theme(s) does your project address? Tick all that apply. | | | |
| Making connections with schools and adult learning |  | Environmental projects |  |
| Offering training and education opportunities, access and inclusion |  | Healthy living |  |
| Encouraging local enterprise and employment scheme |  | Community social activity or event |  |
| Financial awareness |  | Other (please specify) |  |
| Why does your group or organisation feel this project is needed and a priority for Riverside Housing residents/customers? | | | |
| Has your group or organisation consulted with proposed users and residents/customers about this project? (If yes, please explain) | | | |
| How does your group or organisation plan to monitor and evaluate the project?  We will provide the number of people attended  Take pictures during the event  Provide feedback from the residents and volunteers involved | | | |
| You will be required to provide proof of one or more of the following as part of the monitoring and evaluation process, should your application be successful. Details will be set out in the Community Chest contract form that your organisation will need to sign as part of any agreed funding.  • Photographs of activity and permission to use them in future publicity and newsletters.  • A completed Community Chest monitoring and evaluation form.  • Evidence and equalities breakdown of users participating in the project.  • Proof of purchase and spend receipts for any grant funding agreed.  • Evidence of user feedback and evaluation forms | | | |

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| **Section (3): Financial and budget details** | | | | | |
| What is the total budget for the project: | | |  | | |
| How much funding are you applying to the Community Chest for: | | |  | | |
| If you are applying to more than one grant funder to support this application, or you are working in partnership with another organisation to deliver the project, please complete the table below. Please continue on a separate sheet of paper if necessary and attach | | | | | |
| Organisation Name | Amount | | What will funding be used for? | | Expected approval date |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  | **Total:** | |  | |  |
| Please provide a breakdown of the cost or budget for activities or equipment to be provided or purchased. Please continue on a separate sheet if necessary. | | | | | |
| Item or activity | | Amount | | Breakdown of cost (where relevant) | |
|  | |  | |  | |
| Entertainment | |  | |  | |
| Decorations | |  | |  | |
|  | | **Total:** | |  | |
| Your organisation’s banking details | | | | | |
| Account name: | | | Bank/building | | |
| Account Number: | | | Sort Code | | |
| Please give details of the organisation’s account signatories. A minimum of two unrelated signatories will be accepted. | | | | | |
| Name of signatory (please print full name) | | | Position in organisation | | |
|  | | |  | | |
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| **Section (4): About your group or organisation**  Please state your group’s aims and objectives (attach a copy of your constitution or rules). | | | | | | | | | |
|  | | | | | | | | | |
| When was your group set up | | |  | | | | | | |
| Are you a registered Charity or company? | | | Yes | | | | No | | |
| If yes, please provide charity or company number: | | |  | | | | | | |
| Organisation’s status:  (e.g. company/social enterprise/community interest company/IPS/unincorporated club or association. | | |  | | | | | | |
| How many people are involved in your group or organisation: | | | | | | | | | |
| Management Committee |  | | Members/users: | | | |  | | |
| Paid staff (full-time): |  | | Volunteers: | | | |  | | |
| Paid staff (part-time) |  | |  | | | |  | | |
| **Management committee contact details:**  Please give the name and home address of each member of your management committee. The management committee should have at least three unrelated members. We will not be able to consider your application without  this information. Please continue on a separate sheet if necessary. | | | | | | | | | |
| Name 1: | | | | | | | | | |
| Position: | | | | | | | | | |
| Address: | | | | | | | | | |
| Name 2: | | | | | | | | | |
| Position: | | | | | | | | | |
| Address: | | | | | | | | | |
| Name 3: | | | | | | | | | |
| Position: | | | | | | | | | |
| Address: | | | | | | | | | |
| Name 4: | | | | | | | | | |
| Position: | | | | | | | | | |
| Address: | | | | | | | | | |
| **Who are the primary users of your group or organisation? Tick all that apply** | | | | | | | | | |
| People with disabilities | |  | | Single people | | | | |  |
| Older People | |  | | Young People | | | | |  |
| Women | |  | | Bisexual, lesbian, gay and  trans-gender people | | | | |  |
| Black and minority ethnic communities (please specify): | |  | | Other (please specify) | | | | |  |
| What age group do your activities benefit? You can tick more than one box | | | | | | | | | |
| Toddler and pre-school (under 5’s) |  | | Secondary school (11-18yrs) | |  | Adult (21yrs+) | |  | |
| Primary school (5-11yrs) |  | | Young adults (18-21yrs) | |  | Adult (50yrs+) | |  | |
| For safety and monitoring purposes please sign below to confirm that you have safeguarding procedures in place and that your volunteers or staff have a current DBS check. We will need to see copies of DBS forms. I confirm that all volunteers and staff working on the project have passed a DBS check | | | | | | | | | |
| Signature: | | | | Date: | | | | | |

If you wish to discuss your idea with us or need help completing this form, please email [communities@riverside.org.uk](mailto:communities@riverside.org.uk)