

COMMUNITY INVESTMENT APPLICATION FORM

Please complete & return to: CommunityInvestmentfund@warrington.gov.uk

YOUR ORGANISATION

Name of Group						
Type of Organisation	Resident/Community Assoc.		Your Group's main focus	Protect the r	nost vulnerable	
	Community Organisation			Grow a stror	ng economy	
	Youth/children			Build strong, resilient com		
	Parish Council (in partnership with a Community Organisation)			Create a plac	ce to be proud of	
Have you previously applied for funding				Yes	No	
If yes, have any of your group's details chan details in the section "Contacts for your Gr		-		Yes	No	
Contacts for your group						
Please enter below details of two people in your group/organisation who will be responsible for a funding and who are closely involved in your project			responsible for any	ý		
Name:			Name:			
Position:			Position:			
Address:			Address:			

County		County	
Postcode		Postcode	
Tel No (day)		Tel No (day)	
Mobile No		Mobile No	
Email		Email	
Bank account details for	r your group		
Name of Account			
Name & Address of Ban	k		
Sort Code		Account Number	
Members of the Group	& People the Group wo	rk with	
What does your group do?			
How many people attend your group regularly?			
How often do you meet	?		

YOUR PROJECT

Project Name	
Project Duration	
1. Brief description of project	
a) Describe your project or activity? What will you be doing?	

b) Where will your project take place?		
c) It is important we know which Ward the post code is in (please state)		
d) How will local people find out about the project and get involved?		
Are you working with any other organisation, e.g., police, health workers, housing, employment services or community group	Yes	No
If "yes", please name them all. Local Ward Councillors and the Neighbourhood Team at WBC		

2	2. The Needs and Benefits of the Project					
a)	What tells you that this project is needed?					

b)	Is this project new work or a continuation of existing work?				
	For new work F	For existing work			
c)	Tell us about the people this project:	e who will benefit f	rom		
d)	Approximately how mar from this grant? (Refer t		efit		

3.	3. Monitoring & Evaluating of your Projects Success				
a)	List a minimum of three things that will happen, or you will see that shows your project has been successful.				

4. How can you make sure that the benefits of your project continue in the long term?		
5. Third Party Partners of Warrington Borough Council – Information Sharing		
Can we pass your details to Warrington Voluntary Action in order to contact you to	Yes	No
offer further support with funding the group development?		

6. Equality & Diversity

6a. Who may be the beneficiaries of your project (please mark as many boxes as apply)

The whole community	
Pre-school/Early Years (0-4yrs)	
Children (5-11yrs)	
Young People (12-17yrs)	
Adults (18+ yrs.)	
Older People	
People in rural areas	

People in urban areas	
Men	
Women	
People with Disabilities	
Working	
Not working	
Volunteering	

6b. Please tell us which ethnic groups may be the beneficiaries of your project. (Please mark as many boxes as apply)

The whole community	
British White	
Other White	
Mixed, Black & White & Caribbean	
Mixed, Black & White & African	
Mixed, Asian & White	
Asian/Asian British other	

Asian	
Asian/British Pakistani	
Asian/British Bangladeshi	
Black/British Caribbean	
Black/British African	
Chinese	
European	
Other	

FINANCIAL DETAILS

Please provide a breakdown of your costs under the headings that are appropriate to your project.

Breakdown of Project Requirements*	Costs
	£
Total Project Cost	

EXPENDITURE

*You will need to provide quotes or evidence of how you have calculated your costs

MATCH FUNDING

Match Funding Received*	Yes	No	Total	Secured Y/N
			£	
Have you approached your Parish Council				
Has your Parish Council offered any match funding – if yes how much				
Have you approached Warrington Ethnic Communities Association (WECA)				
Other income (Please specify)				
Other grants				
Sponsorships				
Own fundraising for projects				
Other income (Please specify)				
Total Funding Received				
Is your Group able to reclaim VAT?		Yes	No	
We hereby apply for a Project Grant of				<u> </u>

CHECKLIST & ENCLOSURES

Please mark if you have the following in place	
Compulsory Enclosures (Please include with your application)	Attached
A signed copy of your constitution/rules	
Three recent Bank Statements	
The most up-to-date Audited/Examined Accounts	

Your Group should also have	Yes			
A Bank Account with at least two signatories				
Annual General Meeting (what was the date of your last AGM?)				
Safeguarding Policy				
A Management Committee				
Equal Opportunities Policy				
A Green Action Plan (ECO Plan)				
Does your organisation need support or training in the following areas which could help you deliver yo more effectively or strengthen your organisation?	ur project			
Support with our constitution or charitable status				
Forward thinking and planning for the future				
Managing, recruiting & keeping volunteers				
Developing projects and community ideas				
Leadership				
Negotiating & influencing decisions in my community				
Working in partnership with other organisations				
Generating income for my organisation				
Using IT more effectively				
Book-keeping, managing money & handling cash				
Monitoring & evaluating the effectiveness of our organisation or projects				
Developing & implementing policies within my organisation				

We confirm that the information on this form is correct; that any grant received will be spent on the activities specified and that we will submit a Feedback Report & recipients within 6 months of the grant being awarded. We will also acknowledge the support of Warrington Borough Council in connection with this project by the inclusion of its logo in all publicity or information material and include the words **"Financially supported by Warrington Borough Council."**

Confirmation of the decision made by the panel will be sent to you within ten working days after the appraisal panel meeting.

Signed	On behalf of	Date