**ACTON GARDENS COMMUNITY CHEST**

Application form

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| 1. Organisation details | | |
| Organisation name |  | |
| Address |  | |
| Postcode |  | |
| Telephone number |  | |
| Email address |  | |
| Website address |  | |
| What type of organisation are you?  (please tick one) | Resident’s Association Community Group Registered Charity  Company Limited by Guarantee Social Enterprise  Community Interest Company  Statutory organisation | Number Number  Number |
| Organisation description  (aims and activities) |  | |
| Organisation’s annual income (please tick one) | Less than £50,000  Between £50,000 and £250,000 Over £250,000 | |

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| 2. Applicant details | | |
| Title |  | |
| First name |  | |
| Surname |  | |
| Position/job title |  | |
| Telephone number |  | |
| Email address |  | |
| How did you hear about the Acton Gardens  Community Chest?  (Please tick one) | Newsletter Word of mouth  Community centre  Pakner organisation | Poster Website  Other |
| 3. Previous applications | | |
| Have you previously received funding from the Community Chest?  Please note: Community Chest funding is designed to help stak projects and it is not designed to continuously provide funding. | Yes  (answer the remaining questions in this section) | No  (go to question 4) |
| How many projects have you had funded by the Community Chest in this financial year (April to March)? |  | |
| What was the name(s) of the project(s)? |  | |
| When was/were the project(s) held? |  | |
| How much funding did the project(s) receive from the Community Chest? |  | |
| Did you provide an evaluation form  to Acton Gardens following completion of the project(s)? | Yes | No |
| Are you reapplying for funding to deliver the same project(s)? | Yes | No |
| Why is there a need to continue the project(s)? |  | |

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| 4. Project Details | | | | |
| Project name |  | | | |
| Project description |  | | | |
| When will your project run? |  | | | |
| Project location |  | | | |
| 5. Project costs | | | | |
| Overall project cost |  | | | |
| Amount requested from Community Chest (max £5,000) |  | | | |
| What will the funding be spent on? |  | Item | Cost | Cost breakdown  (eg £10 per hour x 5 hours x 5 sessions) |
| Rent/venue hire |  |  |
| Staff |  |  |
| Volunteer expenses |  |  |
| Equipment/ materials |  |  |
| Insurance |  |  |
| Training |  |  |
| Other costs (please specify) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| TOTAL |  |  |
|  | | | | |
| How will you secure funding outside of the Community Chest for  the project? |  | Source | Amount | Secured/Expected/Applied |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Total | £ |  |

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| How does the project demonstrate good value  for money? |  | |
| Will all staff on the project be paid the London Living Wage? | Yes | No |
| If no, please explain why staff will not be paid the London Living Wage? |  | |
| If you are purchasing equipment or other permanent assets, what will happen  to them when the project ends? |  | |
| If the organisation has reserves worth more than six month’s running costs, please tell us why this can’t be used to fund  the project. |  | |
| 6. Project need and participants | | |
| What is the need for your project and how can this be evidenced? |  | |
| What are the project’s three main objectives? | 1. | |
| 2. | |
| 3. | |

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| What skills and experience do your staff, volunteers and organisation have to successfully deliver the project? |  | | | |
| Who will participate in your project? |  | | | |
| How many people will participate? |  |  | Numbers | % who will be Acton Garden and South Acton residents |
| Direct beneficiaries (i.e. project participants) |  |  |
| Indirect beneficiaries  (i.e. audience) |  |  |
| Total |  |  |
| How will you recruit participants from South Acton and Acton Gardens? |  | | | |
| Are you working with any partners? If so, please tell us who they are and how they will contribute to the project. |  | | | |
| What opportunities will the project create for Acton Gardens and South Acton residents?  (eg work experience/ placements, jobs) |  | | | |
| Outline the main risks associated with the project and how these will be managed. |  | | | |

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| If the project involves working with children or vulnerable adults, please outline how participants will  be safeguarded. |  | | |
| How will the organisation evaluate the project both during and after the activities have taken place? |  | | |
| Once the award has been spent, how does the organisation intend to continue the project? |  | | |
| 7. References | | | |
| Reference 1 – |  | Name |  |
| Someone external to |  |
| the organisation |  |
| Organisation |  |
|  | Relationship to you |  |
|  | Address |  |
|  | Telephone Number |  |
|  | Email Address |  |
| Reference 2 – | Name |  |
| Someone senior |  |
| within your  organisation (Trustee, |  |
| Organisation |  |
| Chair, CEO, etc) |  |
|  | Relationship to you |  |
|  | Address |  |
|  | Telephone Number |  |
|  | Email Address |  |

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| 8. Document checklist (tick yes if supplied with application form) | | |
| Organisation’s Constitution, Memorandum & Articles of  Associations and other governing documents | Yes | No |
| Health & Safety Policy | Yes | No |
| Safeguarding Children Policy and Safeguarding Adults Policy (if applicable) | Yes | No |
| Sight of Disclosure and Barring Service (DBS) certifications for staff and volunteers working with children and vulnerable adults | Yes | No |
| Public  Indemnity Insurance | Yes | No |
| Employers Liability Insurance | Yes | No |
| Record of audited annual accounts. If new, please submit the latest bank statement and a 12-month  financial projection. | Yes | No |
| 9. Declaration | | |
| I understand that information in this form will be used for assessment and monitoring purposes.  I understand that details will be recorded on a database, which will be used to gather general information that may be made public (individual details will not be made public without permission from the organisation).  I confirm that to the best of my knowledge that all the information provided is true and correct.  I understand that Acton Gardens LLP reserves the right to recover all or part of any Community Chest award in the event of non-compliance with the terms of the award.  I confirm that all relevant documentation has been provided and that the group/organisation is adequately covered for all liabilities from the running of the activity/project.  I accept that Acton Gardens, its partners, agents or employees are not liable for any costs, losses or damages incurred as a direct result of the activity or project taking place. | | |
| Print Name: | | |
| Signature: Date: | | |