**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 CharityCompany Limited by Guarantee Social EnterpriseCommunity Interest CompanyStatutory organisation | Number Number Number  |
| Organisation description(aims and activities) |   |
| Organisation’s annual income (please tick one) | Less than £50,000Between £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 GardensCommunity Chest?(Please tick one) | Newsletter Word of mouthCommunity centrePakner organisation | Poster WebsiteOther  |
| 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 formto 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 forthe project? |  | Source | Amount | Secured/Expected/Applied |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Total | £ |  |

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| How does the project demonstrate good valuefor 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 happento 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 fundthe 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 willbe 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 yourorganisation (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 ofAssociations 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 |
| PublicIndemnity Insurance | Yes | No |
| Employers Liability Insurance | Yes | No |
| Record of audited annual accounts. If new, please submit the latest bank statement and a 12-monthfinancial 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:  |