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**Innovation Fund Application Form**

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| 1. **Name of Organisation(s)/Partnership(s)/Individual(s) Applying for Funding:** |
| Please give your name and indicate if you are a Limited Company, Registered Charity, Sole Trader etc: |
| 1. **Lead Contact(s) Details (responsible for delivery), Including postal address, telephone and email :** |
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| 1. **Project Geographical Coverage (Locality): North, West, East, Darwen and Rural** |
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| 1. **Description of the Project & Duration (include start and/or end dates where applicable):** |
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| 1. **Project Financial Profile / Funding Applied For:** |
| **Total Project Cost:**  **Funds/ Grants Being Requested in this Application:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item description/details** | **Estimate or actual?** | **Cost** | **Quantity** | **Total cost being requested** | | **Staffing** |  |  |  |  | | **Management** |  |  |  |  | | **Transport** |  |  |  |  | | **Capital** |  |  |  |  | | **Running Costs e.g.: rents/expenses/consumables/fuel:** |  |  |  |  | | **Advertising** |  |  |  |  | | **Accommodation** |  |  |  |  | | **Other** |  |  |  |  | |  | | | **TOTAL** |  |   **Funds/ Grants Being Sought Elsewhere:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item description/details** | **Estimate or actual?** | **Cost** | **Quantity** | **Total cost** | | **Staffing** |  |  |  |  | | **Management** |  |  |  |  | | **Transport** |  |  |  |  | | **Capital** |  |  |  |  | | **Running Costs eg.**  **rents/expenses/consumables/fuel** |  |  |  |  | | **Accommodation** |  |  |  |  | | **Advertising** |  |  |  |  | | **Transport** |  |  |  |  | | **Other** |  |  |  |  | |  | | | **TOTAL** |  | |

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| **6. How have you identified the need for your project or initiative** |
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| **7. Intended 5-Ways to Wellbeing Outcomes, Benefits & Goals** |
| Please describe how your project will enable one or more of the following:  Connection :  Being Active :  Giving :  Taking Notice :  Learning : |

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| **8. How Will the Project Create Sustainable and Long-lasting Improvements to you and/or your Community?** |
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| **9. Outcomes (A)** |
| What will you regard as a successful outcome to your project and how will you demonstrate its effectiveness? |

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| **9. Outcomes (B)** |
| How will your project or initiative involve volunteers or local residents? In what capacity will they be involved? How will they benefit? |

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| **9. Outcomes ( C )** |
| How many volunteers will there be and how many hours is it estimated they will contribute? |

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| **10. What Will Happen to Your Project If Your Application Is Not Successful?** |
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| **11. Banking Details** |
| Organisation/Name:  Bank:  Bank Account:  Bank Sort Code: |

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| **12.Declarations:** |
| 1. Declare any personal interest you have in this application, or any ways in which you are personally involved or related to those applying: |
| 1. If successful you will agree for your details to be included in the Skills Bank in addition to being shared with partner organisations. This runs in parallel to this fund and as part of this you will be contactable with regards to potentially offering advice / feedback to up and coming initiatives or individuals as part of our ABCD approach, this will also allow access to volunteers or peers as a way of supporting and growing your own initiative.      1. I have read and understood the attached guidance notes and consent to my application being processed and the information recorded on this form being stored     Signed……………………………………………………………………………..Date:  Signed………………………………………………………………………………Date:  Print Name(s):  On behalf of (if an application on behalf of an organisation) |