**Shadsworth with Whitebirk Big Local**



Application Form for the 2020 Small Grants up to £1000

The Small Grants Programme is being run by Community CVS on behalf of the **Shadsworth with Whitebirk Big Local Partnership**. The fund is a part of the £1million Big LocalTen Year Programme for Shadsworth with Whitebirk.

* The fund is open to ward residents and local charities, social enterprises, voluntary or community groups (i.e. not for profit organisations) and the activity must benefit residents of Shadsworth with Whitebirk
* The group **must not** directly employ any paid members of staff.
* The group must be run by volunteers and use volunteers to deliver its activities.

If residents have a good idea for a project but are not part of a community group, you can still submit an application. The partnership will ask a local community group to hold the grant on your behalf and the community group will be responsible for ensuring the money is accounted for appropriately and project reports are submitted to Community CVS.

The criteria we will use to assess your application will be:-

1. **Community Benefit and Impact**: does your project support the Big Local’s six priorities (listed below) & benefit people living in Shadsworth with Whitebirk?

|  |  |  |
| --- | --- | --- |
| **Prosperity**  | **Stronger Communities** | **Young People** |
| **Environment** | **Health**  | **Social Isolation** |

1. **Value for Money**: how many people will benefit for the amount of grant requested?
2. **Involvement of residents and volunteers:** How many volunteers & local residents will help to deliver your project?
3. **Developing people, their knowledge and skills:** how does your project develop the knowledge and skills of your participants?

**Preference** will be given to projects that require grant contributions **smaller than £1000** which will enable the Board to fund more community groups. At the board’s discretion in exceptional circumstances the board may approve projects worth above £1000.

Groups may apply for funding for any charitable or non-profit making activity that supports the six priorities. If you require any help completing this form please contact Mohammed Kathrada from Community CVS on 01254 583957 or email Mohammed.Kathrada@communitycvs.org.uk. CVS will have someone present every Thursday 12.00 until 13.30 at the Whitebirk 2000 Centre to provide help and advice. Mohammed Khan from Healthy Living can also help people with applications. His contact mobile is 0782 777 3152 and e-mail m.khan@bwdhl.org.uk

The deadlines for submitting applications are set for 5pm on the following Mondays. Applicants may be invited to attend the grant panel meeting to explain their project.
Grant Panel meetings occur on the Monday at 12.00 noon at the Whitebirk 2000 Centre.

|  |  |
| --- | --- |
| **Application Deadline** | **Grant Panel Meetings** |
| Monday 07th March 2020 to go to the grant panel meeting on | Monday 16th March 2020 |
| Monday 20th April 2020 to go to the grant panel meeting on | Monday 27th April 2020 |
| Monday 11th May 2020 to go to the grant panel meeting on | Monday 18th May 2020 |
| Monday 15th June 2020 to go to the grant panel meeting on | Monday 22nd June 2020 |
| Monday 06th July 2020 to go to the grant panel meeting on | Monday 13th July 2020 |
| Monday 07th Sept 2020 to go to the grant panel meeting on | Monday 14th Sept 2020 |
| Monday 05th October 2020 to go to the grant panel meeting on | Monday 12th Oct 2020 |
| Monday 09th Nov 2020 to go to the grant panel meeting on | Monday 16th Nov 2020. |
| Monday 07th Dec 2020 to go to the grant panel meeting on | Monday 14th Dec 2020 |

Completed applications must be e-mailed to lynn.hennessy@communitycvs.org.uk or posted / handed in to Community CVS, Boulevard Centre, 45 Railway Road, BLACKBURN BB1 1EZ (next to the train station). Late applications will not be accepted. All applications will be notified of the outcome within two days of the partnership decision and can start to spend the grant only after they have received formal approval and have signed and returned a Grant Agreement with Community CVS.

Please note, at the end of your project you will required to complete an end of project report. We will need this within one month of the project end date. This can be brief, and ideally should include pictures. More information will be provided if you are successful with your bid. If you do not complete an end of project report – you may be disbarred from applying for future grants and we may request that you return the grant awarded.**Section One:- About Your Community Group or Organisation**

If you are completing the form as a resident with a good idea for a project please

tick this box and complete 1.3 (Main contact) before going on to Section Two:

1.1. Name of group/organisation

1.2. Full address of organisation (for correspondence)

Postcode:

Contact name:

Title:

Position in organisation:

Telephone number:

Email:

(Please include your email address) This will be used to contact you.

Website:

1.3. Main contact

1.4 Please provide you organisations Bank Details,

Please Note: If you do not have a Bank Account then please provide Bank Details of a supporting organisation who is willing to hold funds on your behalf.

|  |  |
| --- | --- |
| Account name as it appears on cheque book: |  |
| Bank/Building Society: |  |
| Bank/Building Society Address: |  |
| Sort code: |  |
| Account number: |  |
| Confirmation that your account requires two signatories for all payments |  |

**Section Two:- About Your Project**

2.1 What is your project?

What activity do you plan to deliver?

* Explain which priority your project will support and how will it benefit residents living in Shadsworth with Whitebirk (to meet **the** **Community Benefit & Impact** Criteria)?
* Explain what volunteers or residents will be involved and what difference will it make for local people – especially how it will develop their confidence, knowledge and skills (to meet the **Involvement of residents and volunteers** and **Developing people, their knowledge and skills** criteria**).**

Continue on additional sheets if required

**Section Three:- Project Details and Financial Information**

3.1. Will your project be working with children and/or vulnerable adults?

3.2. Start date for **this** project End date

3.3 Where will the project/activity take place? Which parts of Shadsworth with Whitebirk will be covered?

Please name the neighbourhood or venue where your project will be delivered (including the name of the venue, street name, town and postcode).

3.4 Project Outputs

|  |  |
| --- | --- |
| Output | Insert a Number |
| How many volunteers will help to deliver this project? |  |
| How many total volunteers hours will you use to deliver the project?[number of volunteers x average amount of time involved with the project] |  |
| How many residents of Shadsworth with Whitebirk will benefit from the project? |  |
| How many people from outside of Shadsworth with Whitebirk may benefit from the project? |  |

3.5 Project budget

|  |  |  |
| --- | --- | --- |
| **Type of cost** | **Description** | **Total Cost + VAT** |
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| **Total Costs** |  |  |
| **Total grant requested** |  |  |

**Section Four:- Authorised Signature and Supporting Documentation**

**Authorised Signature**

I am authorised to act on behalf of the group / organisation in submitting this application.

I have read and accepted the conditions of CVS membership on behalf of the group / organisation and confirm our written consent to becoming a CVS member. If you do not wish to become a CVS member please tick the relevant box below.

I have enclosed the necessary documentation.

I understand and accept that our organisational contact details will be held by Community CVS in electronic and paper format and be used to contact our group / organisation in the future.

I understand that information provided within this application may be used to publicise the work of your group / organisation. If you do not wish for Community CVS to promote your group / organisation – please tick the relevant box below.

If you do not want either of these please tick the relevant box below:-

*Our organisation does* ***not*** *want to be a member of CVS*

*Our organisation does* ***not*** *want CVS or Big Local to promote our work*

|  |  |  |
| --- | --- | --- |
| Position in organisation | Name (printed) | Signature |
|  |  |  |

**Supporting Documentation Checklist (if you are a community group/charity)**

The following supporting information/documents are required and **must** accompany your application.

|  |  |
| --- | --- |
| Checklist of Required Supporting Documentation (if available) | Please Tick () |
| A copy of your group’s constitution, governing document or set of rules. |  |
| A list of names, addresses and relevant e-mail contacts (if applicable) of who is on your management committee |  |
| A copy of your group’s most recent accounts/financial statements/report (if available) |  |
| A copy of the group’s bank statement (within the last 3 months)  |  |

**Note: If Community CVS already has a copy of your constitution you do not need to send it again.**