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| ***Please do not staple*** | | | | | **SHIPLEY AREA**  **CO-ORDINATOR’S OFFICE** | | | | | | | | | | | CBMDC Logo - Colour | | | | | | | | | | | | |
| **COMMUNITY CHEST APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | | | **Office Use Only**  Ref: | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | | **Organisation:** | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | **Ward in which the organisation works:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Baildon** | | | | | | |  | | | **Shipley** | | | | | |  | | |
| **Bingley** | | | | | | |  | | | **Wharfedale** | | | | | |  | | |
| **Bingley Rural** | | | | | | |  | | | **Windhill & Wrose** | | | | | |  | | |
| **Area wide** | | | | | | |  | | |  | | | | | | | | |
| **2** | **Secretary or Contact to whom all correspondence should be sent:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Title:** | | | | |  | **Name:** | |  | | | | | | | | | | | | | | | | |
|  | **Address:** | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | **Post Code:** | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | **Telephone Number:** | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | **Email Address:** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **3** | **Amount requested:** | | | | | | | | **£** | | | **Total Cost of Project:** | | | | | | | | | **£** | | | | |
| **4** | **Bank account details and account name for BACS payment:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Account Name:** | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | **Account Number / Sort Code:** | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | **Bank Name and Address:** | | | | | | | | |  | | | | | | | | | | | | | | | |
| **5** | **Please describe the project/event you are applying for and its benefit to the community including how many people you expect to attend:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | How many volunteers does the organisation have?  How many volunteers will be working on this project? How many volunteer hours will be provided for the duration of the project? | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | | | **Date(s) and venue(s) of event(s) – Please enclose a programme if available:** | | | | | | | | | | | | | | | | | | | | | | |
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| **7** | | | **Detailed estimated expenditure:** | | | | | | | | | | | | **Detailed estimated income (eg admission charges, fund-raising etc):** | | | | | | | | | | |
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| **Total** | | | | | | | | **£** | | | | **Total** | | | | | | | | **£** | | |
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| **8** | | | **Please give details of any funding you have obtained from Shipley Area Co-ordinator’s Office in the last 2 years and confirm you have fulfilled all monitoring requirements.** | | | | | | | | | | | | | | | | | | | | | | |
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| **9** | | | **Have you applied to other funding bodies, including Area Co-ordinators Offices, regarding this application? If yes, please specify.** | | | | | | | | | | | | | | | | | | | | | | |
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| **10** | | | **Please provide the following information in support of your application:**  **(Please tick if provided)**  🞎  **a.** Your organisations constitution | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **b.** | | | If applying for activities for children or vulnerable adults, please enclose your organisation’s child/vulnerable adults safeguarding policy | | | | | | | | | | | | | | | | | | 🞎 | |
| **c.** | | | Latest audited accounts or bank statements | | | | | | | | | | | | | | | | | | 🞎 | |
| **d.** | | | Detailed expenditure list for the proposed event / project | | | | | | | | | | | | | | | | | | 🞎 | |
| **e.** | | | At least two quotations (where possible) from suppliers for all costs that need to be met | | | | | | | | | | | | | | | | | | 🞎 | |
| **11** | | | **Name of the member of staff at the Area Co-ordinators Office who you have spoken to about your application.** | | | | | | | | | | | | | | | |  | | | | | | |
| **12** | | | **Signature of Applicant:** | | | | |  | | | | | | | | | | | **Date:** |  | | | | | |
|  | | | **Name (Please PRINT):** | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | **Position in Organisation:** | | | | |  | | | | | | | | | | | | | | | | | |
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| **COMMUNITY CHEST**  **NOTES FOR APPLICANTS** | | | | | | | | | | | | | | | | | | CBMDC Logo - Colour | | | | | | | | | | |
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| 1  2  3  4  5  6  7  8 | | | **Applicants are requested to speak to a member of staff in the Area Co-ordinators Office about their application.**  Applications should only be made on the attached form, which should be returned to:-  **Community Chest Application**  Shipley Area Co-ordinator’s Office  Shipley Town Hall  Kirkgate  Shipley, BD18 3EJ  Tel: (01274) 437146  [shipleyareaoffice@bradford.gov.uk](mailto:shipleyareaoffice@bradford.gov.uk)  Applicants should use the spaces on the form as provided. Additional information in support of the application can be added on separate sheets if needed.  Applications received after the closing date will be considered at a later meeting of the Grants Advisory Group.  You should normally expect to hear whether your application has been successful or not within one month of the closing date. **The Grants Advisory Groups decision is final. We do not enter into correspondence in regard to the decisions made.**  Applications must be typed or clearly written (preferably in **BLOCK CAPITALS**). Illegibility may result in applications being returned.  Applicants must provide the organisations constitution, safeguarding policy (if applicable), latest audited accounts or bank statements, full details of the project to be funded including a detailed expenditure list, and at least two quotations (where possible) from suppliers for all costs that need to be met.  **Incomplete application forms and those that do not have the above documentation enclosed will be returned to you. Only fully completed application forms will be presented to the Grants Advisory Group.**  All monies given to a project/organisation/individual must be accounted for in full (e.g. copies of receipts/invoices showing how the money was spent).  **It is a condition of the grant that the Memorandum of Agreement be returned within 4 weeks, and receipt of payment be acknowledged. A short report on the project with copies of receipts/invoices be submitted to Shipley Area Co-ordinators Office within 6 months of the grant being awarded.**  Any subsequent applications from a project/organisation/individual will not be considered if these conditions are not complied with. | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 1  2 | | | **CRITERIA FOR APPLICATIONS**  Applications will only be considered from groups/organisations that either operate in, or benefit people who live in the Shipley Constituency area.  Applications will be considered to assist community based activities which will be of benefit to the community, and where the activity could not go ahead without financial assistance. Special consideration will be given to projects that target issues of deprivation and disadvantage. | | | | | | | | | | | | | | | | | | | | | |  | |
| **Examples of what will be funded:** | | | | | | | | | **Examples of what won’t be funded:** | | | | | | | | | | | |  |
| ● Equipment (from pots and pans to plants and publicity)  ● One off events  ● Building improvements  ● Start up costs for new groups | | | | | | | | | ● Ongoing revenue costs (room hire, insurance, salaries, staffing costs eg speakers/tutor’s fees, rent etc)  ● Activities of a religious/political nature  ● Activities funded retrospectively  ● Secondary fundraising | | | | | | | | | | | |
| 3  4  5  6  7  8  9  10 | | | The organisation should be a non-profit making voluntary organisation where membership is open (i.e. no discrimination of membership on grounds of sex, race religion, occupation or opinion).  The maximum allocation from the Community Chest will not exceed £500.00 for any individual project. Projects which cross boundaries can be considered by a number of Area Committees, but the total grant will not exceed £500.00.  Groups which have applied for and received funding in previous years will not be funded for the same or repeated project.  Groups/organisations should normally expect only one grant per financial year.  Shipley Area Committee expects organisations to make every effort to be self-supporting, and will favour grants where other funding/fundraising has been secured.  Projects should demonstrate that appropriate child and adult protection policies are in place together with any necessary Health and Safety arrangements.  Projects should not contravene Council Policy Guidelines in areas of equality of opportunity (i.e. no discrimination of membership on grounds of sex, race, religion, occupation or opinion).  Please note that some of the data collected as part of this funding bid is shared with internal and external partners as well as the funded projects being publicised electronically, in funding reports, in the media and other methods of distributing the information. It is also possible that this information may be released in accordance with a Freedom of Information request. | | | | | | | | | | | | | | | | | | | | | |
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