**YOUR DETAILS**

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| --- | --- |
| **Your name:**  **Name of your organisation or group:** | |
| **Address:**  **Post code:** | **Email:Email**  **Phone Number:** |

**PROJECT DETAILS**

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| **What is your project? why is it needed and who will it benefit? Please include your target age groups and how many people you expect to reach? And how you will reach them? How will you ensure that your project is inclusive to all?** |

**WHICH K&C BIG LOCAL PRIORITIES DOES YOUR PROJECT SUPPORT? (tick all that apply)**

|  |  |
| --- | --- |
| **Community** |  |
| **Environment and Green Spaces** |  |
| **Parks** |  |
| **Future Generations** |  |
| **Innovation Fund** |  |

**ARE YOU A:**

|  |  |  |
| --- | --- | --- |
| **Registered Charity/CIO** | **Yes/No** | **Charity number:** |
| **Company limited by guarantee/CIC** | **Yes/No** | **Company number:** |
| **Public Sector Body** | **Yes/No** |  |
| **Community Group** | **Yes/No** |  |
| **Other** | **Yes/No** | **Please specify:** |

**DOES YOUR GROUP HAVE?**

|  |  |  |
| --- | --- | --- |
| **A Governing Document?** | **Yes/No** | **Please send with application form** |
| **A Bank Account requiring two independent signatories?** | **Yes/No** | **Please send details with application form** |
| **If you require help with these documents, please speak to CVS for support. www.cvsbeds.org.uk** | | |

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| **BIG Local are keen to support new local initiatives. Have you thought about how you will support activities in the future once the grant has been used?** |
| **Please tell us if you have a conflict of Interest. E.G. you are part of the Kingsbrook and Cauldwell BIG Local Partnership or are related to/have close relationship to a member of the Kingsbrook and Cauldwell BIG Local Partnership.** |

**BUDGET**

**How much money are you applying for? Grants are usually up to £500. Should your project limit exceed this amount, please come and have a conversation with BIG Local. Please contact the project manager on** [**jayne@yourfundyoursay.info**](mailto:jayne@yourfundyoursay.info)

**How will you use the funds? Please provide with a breakdown of the costs for your project:**

|  |  |
| --- | --- |
| **Description of Cost** | **Total Cost** |
|  |  |
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|  |  |
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|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

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| --- |
| **Will you receive funding or resources from elsewhere for this project? If yes, please provide details.** |
|  |
| **When do you expect to spend the funding by? (please note, it needs to be spent within 12 months of being awarded)** |
|  |
| **How will you keep track of the money? Who will hold the money and how will expenditure be approved and kept track of? If you are successful, we will ask you to sign an agreement with us that you will use the money as agreed in the application. We expect you to keep receipts and we will need to see these.** |
|  |

**PLEASE NOTE THAT IT WILL TAKE 4-6 WEEKS TO PROCESS YOUR APPLICATION. FUNDING WILL NOT BE AVAILABLE BEFORE THE APPLICATION HAS BEEN APPROVED.**

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| **How will you know if your project has made a difference? Whatever approach you choose, we would like to hear from those who have benefitted. This can be *feedback through the review report, plus photographs, a short presentation, a case study or a video clip. Please let us know how you plan to tell us how the grant had made a difference. This information will be used to promote Kingsbrook and Cauldwell Big Local.*** |
|  |

**DECLARATION**

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| --- | --- |
| **The information given in this application is, to the best of my knowledge, true and accurate.**  **Any grant awarded will only be spent on the proposal outlined in this application.**  **I confirm that I am authorised to sign such declarations on behalf of the group.**   * **If the information changes in any way I will notify Kingsbrook and Cauldwell BIG Local immediately** * **I have read the guidance and information notes** * **I agree that the organisation will only use the grant for the reason given in this application. If it is used for anything else, Kingsbrook and Cauldwell BIG Local may ask the group or organisation to repay it. I acknowledge that the group or organisation will also have to repay any money that isn’t spent.** * **I understand that we are required to report back on the way that the grant has been used and the impact it has made as well as providing receipts for the money spent.** | |
| **Signed:** | **Date:** |

**If you have any trouble filling out this form please contact the Big Local Project Manager for an informal chat and guidance on 01234 880610 or 07939934687 or email info@yourfundyoursay.info**