

Application for Project Funding 2012/13

This application form is for project funding only. If you are unsure which form to complete, please consult the Core Funding Guidance pack.

Name of Organisation

Contact Name

Contact Address

Telephone

Email

Funding Request

**Amount secured from other sources
(Match Funding)**

Declaration

I declare that to the best of my knowledge the information I have provided on this application form is correct and the grant will be used for the purpose stated on this form.

Signature of applicant: _____ Date: _____

Please return this form to Louise Wingfield louise.wingfield@chorley.gov.uk
Town Hall, Market Street, Chorley, PR7 1DP by 3 February 2012.

Section 1: About your Organisation

1. When was your organisation set up, and what type is it e.g. *community, registered charity, social enterprise etc?*

2. Please describe the purpose of your organisation and the benefits to the wider community

3. Which of the following priorities does your organisation contribute to (please tick as appropriate);

| You and Your Family | | | You and Your Community | | | You and Your Chorley | | |
|-----------------------|--------------------|---------------|--|-----------------------------|---------------------------------------|-----------------------|--|----------------------------------|
| Strong Family Support | Education and Jobs | Being Healthy | Pride in Quality Homes and Clean Communities | Safe Respectful Communities | Quality Community Services and Spaces | Vibrant Local Economy | Thriving Town Centre, Local Attractions and Villages | Sustainable Places and Transport |
| | | | | | | | | |

4. Please provide an overview of your achievements last year (11/12) to date, including; how many members, users or clients your organisation supports?

Section 2: About the Project

Project Business Case

Project Name:

Project Manager:

(This is the person responsible for delivering the project)

Project Overview

1. Provide a brief summary of the proposed project

2. Please indicate what evidence you have of the local need for this project;

3. Which of the following priorities does your project contribute to (please tick as appropriate);

| You and Your Family | | | You and Your Community | | | You and Your Chorley | | |
|-----------------------|--------------------|---------------|--|-----------------------------|---------------------------------------|-----------------------|--|----------------------------------|
| Strong Family Support | Education and Jobs | Being Healthy | Pride in Quality Homes and Clean Communities | Safe Respectful Communities | Quality Community Services and Spaces | Vibrant Local Economy | Thriving Town Centre, Local Attractions and Villages | Sustainable Places and Transport |
| | | | | | | | | |

4. Please provide details of how your project will contribute to these priorities;

5. Please provide details of the outputs this project will achieve;

| Output | Q1 | Q2 | Q3 | Q4 | Total |
|--------|----|----|----|----|-------|
| | | | | | |
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6. Please provide the outcomes/benefits that this project will achieve; (they should be SMART)

| Outcome |
|---------|
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| |

7. Please provide details of the estimated numbers of beneficiaries;

| 8. Type | Q1 | Q2 | Q3 | Q4 | Total |
|---|----|----|----|----|-------|
| Number of people who are early years children (aged 0-5) | | | | | |
| Number of people benefiting who are children and young people (aged 5 - 19) | | | | | |
| Number of people benefiting who are adults (aged 19 - 49) | | | | | |
| Number of people benefiting who 50 years and over | | | | | |
| Total number of people benefiting | | | | | |

| | |
|---|--|
| Total number of volunteers involved in the project | |
|---|--|

Project Plan

| Task | Start Date | End Date | Cost (may be officer time or financial) |
|------|------------|----------|---|
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Project Funding

| Item of Expenditure | Capital Cost | Revenue Cost | Amount requested |
|---------------------|--------------|--------------|------------------|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

If your total project cost exceeds the grant requested, please explain where the remainder of the funding will come from

| Source | Amount |
|--------------|--------|
| | |
| | |
| | |
| Total | |

Equality Impact Assessment

| Equality Impact Assessment | Yes | No | Evidence | | Further action required | |
|---|-----|----|----------|----|-------------------------|-------------------------|
| 1. Have consultations with relevant groups, organisations or individuals indicated that this particular activity will create problems which are specific to them? | | | | | | |
| What potential impact does this activity make to: | | | | | | |
| | P | N | U | NI | Evidence | Further action required |
| 1. Equality of opportunity amongst customers of different ages (Age) | | | | | | |
| 2. Equality of opportunity amongst with or without a physical or mental disability (Disability) | | | | | | |
| 3. Equality of opportunity amongst customers of different gender backgrounds (Gender Reassignment) | | | | | | |
| 4. Equality of opportunity amongst customers who are pregnant or parents (Pregnancy and Maternity) | | | | | | |
| 5. Equality of opportunity amongst customer groups of different racial backgrounds (Race) | | | | | | |
| 6. Equality of opportunity amongst customers of different religions (Religion or Belief) | | | | | | |
| 7. Equality of opportunity amongst customers that live in different parts of Chorley (Rurality) | | | | | | |
| 8. Equality of opportunity amongst male and female customers (Sex) | | | | | | |
| 9. Equality of opportunity amongst customers of different sexual orientations (Sexual Orientation) | | | | | | |

The questions should be given a rating, and evidence given for the rating selected;

P – Positive beneficial impact **N** – Negative undesirable impact **U** – Uncertainty over impact **NI** – No specific impact/neutral impact

Actions should be identified to mitigate any negative impact or maximise any positive impact of the project