**Neighbourhood Board**

**Devolved Budget Funding**

**Application Form 2023-24**

**Q1 Which ward are you applying to for grant funding?**

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**Q2 Name of your organisation or group:**

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|  |

**Q3 Name of contact person:**

**Title First name Last name**

**Q4 Position of the contact person within the organisation:**

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| --- |
|  |

**Q5 Contact details including address, postcode, email and telephone number:**

|  |
| --- |
| **Address:**  **Postcode:**  **Email address:**  **Telephone number and mobile number if you have one:** |

**Q6 Contact details of your Governing Body / Management Committee:**

We may contact members of your governing body if funding is awarded

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Contact details; telephone number and email address** | **Address, including postcode** |
| **Chair** |  |  |  |
| **Treasurer** |  |  |  |
| **Secretary** |  |  |  |

**Q7 Type of organisation.**

Please complete the relevant box.

|  |  |
| --- | --- |
| **Registered charity** Please give the registration number |  |
| **Community or Voluntary Group** |  |
| **Community Interest Company** Please give the registration number |  |
| **Private company / Business** |  |
| **School** |  |
| **Other (Council Department, Statutory Partner)** |  |

**Q8 Briefly describe the purpose of your organisation.**

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Q9 Describe your project – explain what you want to do overall, who will deliver it and where it will be delivered

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Q10 How do you know there is a need for your project or activity? Include details of any research or consultation you have carried out.

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Q11 Tell us the date when your project will be completed. If you are purchasing items,

tell us when this is likely to be.

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**Q12 Safeguarding: If your project involves work with vulnerable children, young people or adults please answer the safeguarding question: Does your organisation have the appropriate safeguarding policies and procedures in place to protect children, young people and vulnerable adults including safeguarding policies and procedures, safeguarding training and Disclosure and Barring Service checks? Please answer YES/NO**

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| --- |
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If your answer is No, please explain why and what procedures you follow to keep children and young people and/or vulnerable adults safe when using your services?

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**Q13 Equalities**

Please tell us how you will ensure that everyone has an equal opportunity to benefit from your project activity

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Q14 Project Costs

Tell us how much this specific project will cost in total and give us a breakdown of the

**activity and costs.** Tell us how much funding you are requesting and show any other funding or resources you are using to pay for the project. Add rows if required.

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| --- | --- | --- | --- | --- |
| 1. **Activity or item** | 1. **Cost** | 1. **Amount of Neighbourhood Budget requested £** | 1. **Funds from other sources £** | 1. **Total Project Cost £** |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| **Totals** | **£** | **£** | **£** | **£** |

Funds from other sources for this specific project. Please ensure the below total matches the total funds from other sources in column d above.

|  |  |
| --- | --- |
| Where the funding is from and is it in place? | Amount £ |
|  |  |
|  |  |

Q15 Beneficiaries.

|  |  |
| --- | --- |
| **How many people will benefit from your project?** |  |
| **How many people that will benefit, live within the Board ward boundary.** |  |
| **What is their age group?** |  |

Q16. Do you plan to continue with your project once any funding has ended? If so,

tell us how you plan to do this. If it is a one off project, explain how the benefits will be sustained for the participants.

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|  |

Q17. Please give us details of the organisation’s bank account The bank or building society account must be in the name of your organisation and must have at least two people to sign each cheque or withdrawal. These two people should not be related.

# Organisation or group NAME

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| --- |
|  |

**ORGANISATION OR GROUP ADDRESS**

|  |
| --- |
|  |

**POSTCODE**

|  |
| --- |
|  |

**BANK SORT CODE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**BANK ACCOUNT NUMBER.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**BANK NAME**

|  |
| --- |
|  |

**BRANCH ADDRESS**

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|  |

**IF BUILDING SOCIETY – ROLL NUMBER**

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**Before you sign the application form, please check that you have completed all the questions and have read and understood the terms and conditions (see seperate document)**

Q18. Please sign the form to agree to the terms and conditions.

## This application should be signed by the main contact named in question three.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Position in organisation** |  |
| **Signed must be original signature. Sign, scan and return form** |  | **Date** |  |

#### Please send your completed application forms to:

Neighbourhood Management, Communities and Place Directorate, Derby City Council, 2nd Floor, Council House, Corporation Street, Derby, DE1 2FS or email: [neighbourhoods@derby.gov.uk](mailto:neighbourhoods@derby.gov.uk)