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**WARWICK DISTRICT COUNCIL**

**VOLUNTARY AND COMMUNITY SECTOR GRANT FUND**

**APPLICATION FORM**

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| **Please identify the Delivery Programme that you are applying for (a separate application form is required for each programme you are applying for):** |
| Programme 1Third Sector Support | Programme 2Financial Inclusion | Programme 3Employment Clubs | Programme 4Brunswick | Programme 4Lillington  | Programme 4Sydenham | Programme 4Warwick West |
| Please have prepared the following information for your application:* Organisation registration numbers
* Organisational structure
* VAT number
* Insurance details and schedule document
* Trustees, referees, and consortia partner details where applicable

N.B Up to three supporting documents can be uploaded to your online application on the final page before submitting |
| Name of applying group |  |
| Reference (to be completed by Council staff) |  |
| **SECTION 1 – Organisation details** |  |
| Name of contact person |  |
| Address |  |
| Email address |  |
| Phone number |  |
| Type of organisation, for example: Community Group, Registered Charity, Voluntary Group or Community Interest Company |  |
| Please provide the organisations registration number: | Charity registration number:Register of Friendly Societies registration number:Company registration number:Other registration number (please state):Or state if none held: |
| Is there a formal organisational structure? | YES (please provide a structure chart with your application) / NO |
| Is the organisation registered for VAT? | YES - **VAT Number**: / NO |
| Will the organisation be able to reclaim VAT in connection to this project? | YES / NO |
| Is this a not-for-profit organisation within Warwick District run for and by local people which makes use of volunteer labour? | YES / NO |
| Is the organisation able to provide 3 years independently audited annual accounts? | YES / NO |
| Details of your organisation insurance cover  | Type of insurance held:Insurance company:Policy number:Amount insured:**NOTE: Please provide a copy of the insurance schedule with your application**  |
| **SECTION 2 – Services that your organisation provides:** |
| Please provide a short summary of the service your organisation provides |  |
| **SECTION 3 - The detail of your proposal to deliver the programme you are applying for:** |
| 1. Please provide a detailed description of your proposal for delivery of the programme you are applying for.

Describe how your project/service will achieve positive outcomes for the delivery programme you are applying toWhere and how will your service run? |  |
| 1. Describe how your proposal will contribute to the ‘priority areas for action’ detailed in the Grant Framework (appendix 1)
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| 1. Describe the target group that will benefit:
* How many people will benefit?
* Who do you aim to benefit?
* How will you let people know about your activity?
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| 1. Describe how you will ensure that your project is accessible to **all**?
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| 1. Describe how volunteers will be involved, managed and supported in your project/service
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| 1. How do you know there is a need for the work covered by your bid?
* Describe the evidence you have gathered and the source (e.g. survey, petition, statistical data, press cuttings, etc.)
* What local needs have identified has the service you have described in section 3a this grant address?
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| 1. Please detail any groups or partners working with you on this service and how they will contribute to the project/service
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| 1. How will you publicise and market your service to reach the target groups?
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| 1. Describe how you will monitor your service and demonstrate the impact it has had?

For example:* Evidence of delivery of the work
* Numbers of people benefiting
* Number of volunteers and number of volunteer hours
* Evaluation of the work
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| **SECTION 4** – **Financial Information** |
|  | **Total Fund applied for:** |
|  | **Detailed breakdown of activity costs:** |
| **SECTION 5** **– Organisational information** |
| Lead contact name, position or job title, telephone number, postal and email addresses |  |
| Trustees' name, email contact, and if applicable, details of; serious misconduct, criminal offences, close association with other trustees/ management/staff/volunteers in the organisation |  |
| Referees' name and email addresses |  |
| Consortia partner names, postal and email addresses (if applicable) |  |