***[](http://intranet.west-dunbarton.gov.uk/media/3015/wdc-logo-colour-cmyk.eps)***

**Place Based Improvement Programme**

**Community Grant Application Form – Small Grants**

**Please complete this form electronically and submit by email**

**(Please read the guidance notes before completing this form)**

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| 1. **Information on your organisation/ group** | | | | | | | | | | |
| **What is your group’s name?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Address and contact details of the organisation/group applying for funding** | | | | | | | | | | |
| Address: | |  | | | | | | | | |
| Post Code: | |  | | Telephone: | |  | | | | |
| Email: | |  | | | | | | | | |
| **Who should we contact?** | | | | | | | | | | |
| Title: |  | | Name: | |  | | | | | |
| Position in organisation: | | | | |  | | | | | |
| If this person has specific communication needs, please provide details | | | | |  | | | | | |
| 1. **Information about your project** | | | | | | | | | | |
| **What is the name of the project or idea?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Does your group meet the all of the following requirements?** | | | | | | | | | | |
| Are you a not-for-profit group/organisation that provides a service in or benefit to communities in West Dunbartonshire? | | | | | | | Yes |  | No |  |
| Does your group/organisation have a constitution or governing document? | | | | | | | Yes |  | No |  |
| Does your group/organisation have a bank account in the name of your group (with at least 2 unrelated signatories)? | | | | | | | Yes |  | No |  |
| Does your group/organisation hold public liability insurance if your activities require it? | | | | | | | Yes |  | No |  |
| If your project involves changes to buildings or land owned by another person, have you sought permission from the owner? (If yes, please include evidence of this with your application e.g. written consent). | | | | | | | Yes |  | No |  |
| I confirm that the organisation will comply with any monitoring and evaluation requirements, including the provision of receipts or audited accounts as required by West Dunbartonshire Council. | | | | | | | Yes |  | No |  |

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| **Please tell us which of the following priorities your project will make a positive impact upon.**  Insert a cross in the box to indicate which your project will have an impact upon. You can select as many as is appropriate. | | |
| Supporting community-led local economic development | |  |
| Delivering place-based regeneration | |  |
| Reducing social isolation | |  |
| Encouraging more young people to be active in their local community | |  |
| Increasing skills and capacity within communities | |  |
| More opportunities for young people in the community | |  |
| Addressing inequalities in communities | |  |
| Mental Health and Wellbeing | |  |
| Addressing health & environment issues | |  |
| Increasing awareness of mental health in education settings | |  |
| Others | |  |
| **Please tell us how your group makes a positive impact upon the priorities you have chosen above.**  You may want to provide a written explanation (up to 250 words), testimonies from previous members, photographs or videos. Please ensure these are sent in with your application. | | |
|  | | |
| How many members do you have or how many people regularly benefit from your group’s activities? |  | |

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| **Please tell us about your group**  We would like to know a bit about your organisation and your members. Where are you based? Who are your members? Where, when and how often do you meet? What do you do? (up to 250 words). |
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| 1. **Your application for funding** |
| **What is your project?**  Please tell us about what you intend to do with any funding you receive. Please include details of when and where it will happen (up to 250 words). |
|  |
| **Who in the local community will benefit from your project and how?**  Please tell us about who your project will work with. We would like to know things like the age group you will work with, which communities and if you will be targeting any particular interest groups. Also tell us how having this funding will have a positive impact on their lives (up to 250 words). |
|  |
| **How do you know your project is needed?**  Please tell us who you have consulted with in the local community and how you consulted with them (up to 250 words).. |
|  |
| **How will you sustain your project beyond this funding?**  Please tell us if you have a plan for the future of your project after PBIP funding (up to 250 words). What is needed to make the project sustainable? For example, if your project is to provide play equipment, how will this be maintained into the future? |
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| **How many people do you anticipate will benefit from your project?**  How many additional or new people will be able to access your project as a result of this funding? |

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| 1. **Governance** | | | | |
| **Please provide the following financial information on your proposal.** | | | | |
| Amount requested (max. £5000): | | **£** | | |
| Any other funding you will utilise for this project: | | **£** | | |
| Total Cost of the Proposal: | | **£** | | |
| If you have identified additional funding for your proposal, please provide details below and submit evidence of this along with your application. | | | | |
| **Funder** | **Amount** | | **Approved or pending** | |
|  | **£** | |  | |
|  | **£** | |  | |
| **Please provide a detailed breakdown of all expenditure to be incurred in your project.**  Please give as much information as possible on what you intend to spend the funding on. | | | | |
|  | | | | |
| **Example: Poly Tunnel material costs** | | | | **£350** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
| **Total** | | | | **£** |

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| **What are your timescales for the project?**  Please provide details of when you intend to start spending the funding and when you anticipate the money to be spent by. |
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| **Does your project/work etc. have a particular focus for inclusion or participation of:**  (Please tick as many as appropriate to your project / work of your group) |
| People from Black & minority ethnic backgrounds  LGBTQ+  Disabled people  Children & young people (0-25)  Older people  Health / wellbeing  Faith / religion |

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| 1. **Declaration** |
| Political neutrality. To enable the Council to comply with the provisions of the Local Government Act 1986 (as amended), the organisation/individual must give a positive assurance that its activities do not involve publicity which promotes or poses a view on a question of political controversy which is identifiable as the view of one political party. |
| I confirm that the information set out in this Application Form and any accompanying documents are correct. |
| I confirm that if a grant is awarded on the basis of this Application Form, the funds will be used in accordance with the purposes set out in this proposal. |
| I confirm that if there are any significant changes to the proposal or the project/initiative, West Dunbartonshire Council will be informed immediately. |
| I confirm that the organisation will comply with any monitoring and evaluation requirements as required by West Dunbartonshire Council. |
| Any funding awarded to the organisation on the basis of this Application Form will be subject to Standard Terms and Conditions of grant. |

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|  | **Signed:** |  |  | **Print name:** |  |
|  | **Designation:** |  |  | **Date:** |  |
|  | | | | | |
| **(Please note: this form should be completed by a lead contact for the project or office bearer).** | | | | | |

Completed forms must be returned by **5.00pm on Tuesday 23rd January 2024** to:

* [Regeneration@west-dunbarton.gov.uk](mailto:Regeneration@west-dunbarton.gov.uk)

Please also contact us for advice or an appointment via this email.

Or if you wish to speak to a member of the team please contact:

* [Calum.McConnachie@west-dunbarton.gov.uk](mailto:Calum.McConnachie@west-dunbarton.gov.uk)

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| **Statement on Data Protection** |
| This short form Privacy Notice is provided for the purposes of the General Data Protection Regulation (GDPR) and is provided for all West Dunbartonshire Council services.  We will use your personal details (known as Personal Data) to provide you with the service(s) which you or someone else (with your consent) have asked us to provide as part of a contract or where we are under obligation to do so (public task or legal obligation). We will also use your personal details for purposes of crime prevention and crime detection and/or when required by law and will share it with other public bodies for that purpose.  For a fuller description of how we handle your data please see our [**Privacy Notice**](http://www.west-dunbarton.gov.uk/privacy/privacy-notice/)**.** |

**Check List**

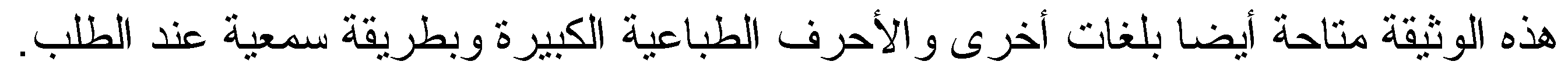
Please ensure that you have included all of the documents listed below alongside your application at the time of submitting.

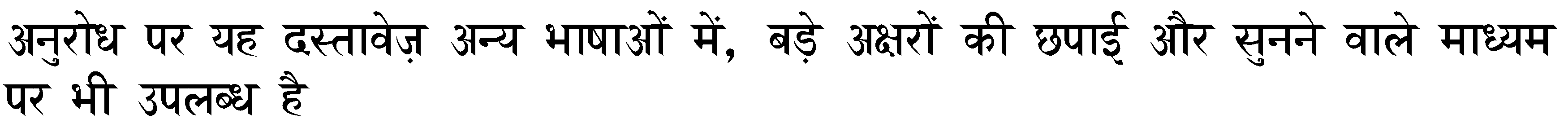
If your group is in the process of setting up a constitution and/or bank account, please ensure that this is set up and you have sent us details of these before the closing date:

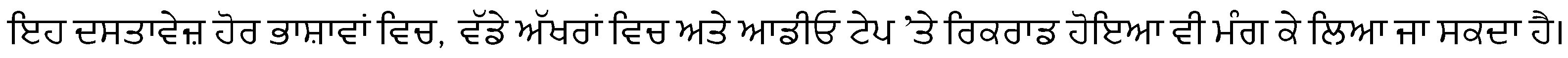
* **5.00pm on Tuesday 23rd January 2024.**
* **All supporting documents must be sent in before the closing this date.**
* **Applications without the appropriate supporting documents will NOT be eligible to proceed to the next stage.**

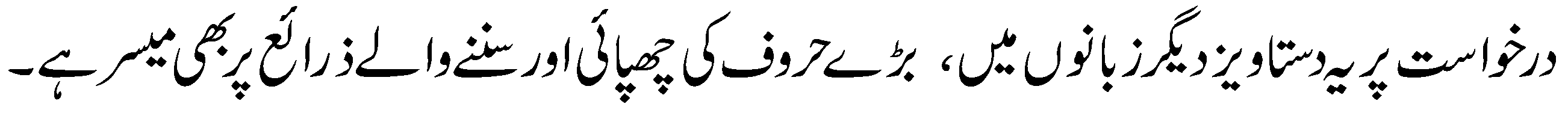
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| --- | --- | --- | --- | --- |
| **Have you included the following documents with your application?** | | | | |
| A copy of your group’s constitution or governing document. | Yes |  | No |  |
| A copy of a recent bank statement from your group’s bank account. | Yes |  | No |  |
| A copy of your public liability insurance, should your activities require it. | Yes |  | No |  |
| Evidence of consent from the owner/planning department if your project involves undertaking physical works to assets that are not owned by your group. | Yes |  | No |  |
| Confirmation of other funding if your group has outlined that this is required for the project. | Yes |  | No |  |
| Photos, videos etc. to show how your group impacts upon the priorities in section 2 if this is how you wish to evidence yourself (not essential). | Yes |  | No |  |

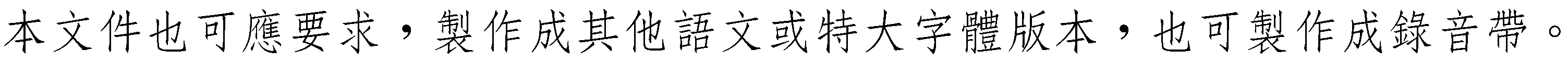
This document is also available in other languages, large print and audio format on request.

Arabic

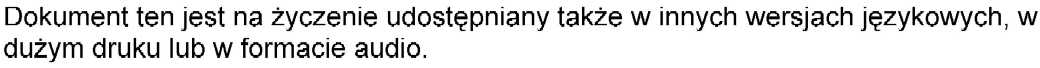
Hindi

Punjabi

Urdu

Chinese (Cantonese)

Polish



**British Sign Language**

BSL users can contact us via [contactSCOTLAND-BSL](http://contactscotland-bsl.org/), the on-line British Sign Language interpreting service.

🕿 01389 737527

* West Dunbartonshire Council, 16 Church Street, Dumbarton, G82 1QL
* Regeneration@west-dunbarton.gov.uk