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| **Funding Outcome** |  |
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| **Your Project Name** |  |
|  |  |  |  |
| **Total amount of funding requested** |  | **How long will your project run for? (e.g. 1,2,3 years)** |  |
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| **Section 1 : ABOUT YOUR ORGANISATION** |
|  |
| 1. Name of Organisation |  |
|  |
| 2. Name of Lead Partner (if applicable) |  |
|  |  |
| 3. Name of main contact |  |
|  |
| Position in organisation |  |
|  |
| Daytime Phone |  |  |
|  |
| Mobile Phone |  |  |
|  |
| Email |  |
|  |
| 4. Address for correspondence |  |
|  |
| Organisation address (if different) |  |
|  |
| 5**.** Legal status of your organisationPlease tick as appropriate: | If applicable, Registration No:  |
|  |
| Voluntary organisation / community group - constituted |  |
| Faith Group involved in voluntary/social action  |  |
| Trust |  |
| Community Interest Company |  |
| Social Enterprise |  |
| Company Ltd by Guarantee |  |
| Registered Charity |  |
| Registered Friendly Society |  |
| Registered Social Landlord |  |
| Other (Please specify) |  |
|  |
| When was your organisation set up? |  |
|  |
| 6**.** Which areas or neighbourhoods does your organisation operate in? |  |
|  |
| 7. What kind(s) of projects does your organisation currently deliver and what outcomes is it achieving? |
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| 8. What skills / knowledge / experience does your organisation have that will help in delivering the proposed project? |
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| 9. How will this project be managed?  |

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| 10. For your application to be considered your organisation **must** be able to provide the following documents with your application. |
|  |  | Tick Box |  Date |
|  | Constitution |  |  |
|  | Annual accounts |  |  |
|  | Health & Safety Policy |  |  |
|  | Equalities and Diversity Policy |  |  |
|  | Public Liability Insurance |  |  |
|  | Project Delivery Plan |  |  |
|  | *Safeguarding Children Policy\** |  |  |
|  | *Vulnerable Adults/ Adults at Risk of Abuse and Neglect Policy\***\*If your activity involves these groups* |  |  |

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| **Section 2 ABOUT YOUR PROJECT : EVIDENCE BASE** |
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| What period are you applying for funding for?  | Start  | Finish  |
| 11. In no more than 500 words please provide us with a summary of the project/activity you are applying for funding for 500 words  |
|  |
| 12. What needs will your project meet and what is the evidence to suggest those needs exist?  |
| 13. How does your project meet the needs you have identified? |
|  |
| 14. How will the project target those who would benefit the most? |
| 15. What capacity and capability do you have to adapt project delivery to changing needs? |
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| **Section 3 ABOUT YOUR PROJECT : EVIDENCE BASE & OUTCOMES** |
| 16. How does the project/activity address and impact on the strategic plan outcomes? |
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| 17. How can the project support Lichfield District Council deliver services to local residents? |
| 18. What will success look like? How will you measure and evidence whether the project has addressed and impacted on the outcomes? |

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| **Section 4 MEETING CROSS CUTTING CRITERIA**  |
| 19. How does the project/activity meet the cross cutting criteria set out below? 1. It demonstrates impact on the Strategic Plan outcomes
2. It involves collaboration with other VCS groups
3. It evidences need within a specific group or locality
4. There is a focus on preventing problems and early identification rather than reacting to them
5. The project/activity works to try and address the source of the problem or signpost to others who can help
6. The project/activity involves collaboration with relevant statutory agencies
7. Reliance on public sector support is reduced
8. Reliance on Lichfield District Council is reduced
9. The project/activity promotes personal responsibility, independence and self reliance
10. It encourages and promotes volunteering
11. The project/activity makes use of assets available to us in Lichfield District and creates a positive legacy for the local area.
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| **Section 5 COSTS : VALUE FOR MONEY** |
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| 20. What is the total cost of your project / activity? | £  |
|  |
| 21. How much funding are you applying for? | £  |
|  |
| 22. What is the added value brought by your organisation and your project?.  |
| 23. Are you applying for funding anywhere else for this project or secured other funding? |  | YES |  |
|  | NO |  |
|  |
| If yes, please tell us where from below (e.g. Charitable trusts, private sponsorship, lottery funding etc) |
|  |
| Name of Funder | Amount applied for/ secured  | What this will fund | Please tell us if this is secured or pending |
|  |  |  |  |

24. Please give us a detailed breakdown of how the funding will be spent, including how you intend to use any other funding you have for this project/activity.

Show how costs have been calculated and apportioned (e.g. for management & staff costs indicate cost per session or hour)

|  |  |  |  |
| --- | --- | --- | --- |
| Activity/associated costs(please state for each whether costs are applicable to year 1 only, or will be incurred again in subsequent years) | How cost is calculated | Funding source (please indicate which items are to be funded by this grant applied for and which are to be funded from other sources) | Total |
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|  |  | **APPLICATION AMOUNT** | **£** |
| Total Project Cost | £ |

25. In the event of the funding being oversubscribed we may not be able to award you all the

funding you have applied for. Please give details of whether the project could be scaled down and delivered for 25% or 50% less funding and what could not be delivered

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| What could be delivered for less funding | What could not be delivered | Impact | Costs |
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| **Section 6: SUSTAINABILITY** |
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| 26. Will your project continue after this funding has ended? YES/NO |
| If Yes – Explain how on-going costs will be met  |
| If No – Explain your exit strategy if funding ends |
| What will be the positive legacy?  |

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| **Section 7: ADDITIONAL INFORMATION** |
| 27. Is there anything else you would like to tell us about your organisation or your project? (no more than 500 words) |

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| **Section 8: DECLARATION** |
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| Person submitting the form | Name  |  |
| Position |  |
|  | Date |  |
| Chair or Senior Representative  | Name  |  |
| Position |  |
| Date |  |
| **Section 9 CHECKLIST** |
| Please check you have attached the following documents or your application cannot be assessed: |  |  | You should also make sure: |  |
|  | Constitution |  |  | All questions have been fully answered |  |
|  | Annual accounts or, in the case of new organisations, statements from 6 previous months operation |  |  | You have kept a copy for your records |  |
|  | Health & Safety Policy |  |  |  |  |
|  | Equalities and Diversity Policy |  |  |  |  |
|  | Public Liability Insurance |  |  |
|  | Project Delivery Plan |  |  |
|  | *Children’s Safeguarding Children Policy\** |  | *\*If your activity involves these groups* |
|  | *Adults at Risk Safeguarding Policy\** |  |

# PROJECT DELIVERY PLAN

**Organisation Name:**

**Name of Project:**

**Funding Outcome:**

(Please use SMART principles)

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| What key actions will be delivered | Who will be responsible for delivery | Key milestones/Key dates | What might get in the way of delivery | How will risks be managed | How will you evidence success  |
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