

**Mansfield Community Grant Fund**

**Application Form**

Release – Round 1 (Jan 23)

**Mansfield Community Grant Fund Application Form**

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| **SECTION 1: APPLICANT INFORMATION** | |  |
| Applicant name *(organisation)* |  | |
| Lead contact name |  | |
| Contact email address |  | |
| Contact telephone |  | |
| Postal address |  | |
| Please confirm the type of organisation  *Local authority, public sector organisation, higher/further education institution, private sector company, voluntary organisation or registered charity.* | Charity  Community Organisation with a constitution  Social Enterprise/CIC  Faith Based Organisation/Place of Worship  Parish/Town Council |  |
| Company registration number *(where applicable)* |  | |
| Charity registration number *(where applicable)* |  | |
| Please provide a brief summary of the services/activities normally delivered by your organisation.  *(50 words max)* |  | |

| **SECTION 2: PROJECT SUMMARY** | | |
| --- | --- | --- |
| **Project name** |  | |
| **Please give a short description of the project you are requesting funding for.**  *(100 words max)* |  | |
| Which of the following themes does your project contribute to?  *(please tick the main ones)* | **Pride in place – improving people’s satisfaction with where they live**  **Enhancing engagement with culture and community activity**  **Improving health and wellbeing**  **Tackling issues related to the cost of living crisis** |  |
| How will the funding enable your organisation contribute to the theme or themes selected above?  *(100 words max)* |  | |
| **Where will your project take place - please be as specific as possible** |  | |
| How do you know there is a need for the project?  *(100 words max)* |  | |
| Who will benefit from the project?  *(50 words max)* |  | |
| What benefits, outcomes and impacts do you expect to be achieved as a result of this funding?  *(Please be as specific and detailed as possible as these will be used in any subsequent agreement / grant conditions - 100 words max)* |  | |

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| **SECTION 3: PROJECT BUDGET** | |
| **Expenditure**  *Please list items of expenditure* | |  |  | | --- | --- | | **Capital Cost Items** | Amount (£) | |  |  | |  |  | |  |  | |  |  | |  |  | | Total Capital Costs (a) |  | |  |  | | **Revenue Cost Items** | Amount (£) | |  |  | |  |  | |  |  | |  |  | | Total Revenue Costs (b) |  | | **Total Cost (a+b)** |  | |
| **Income**  *Please specify how you will pay for the project*  *Please note that the maximum grant from the Mansfield Community Grant Fund is £15,000*  *Please note, your Total Costs (a+b) must equal your Total Income (c).* | |  |  | | --- | --- | | **Income** | Amount (£) | | Mansfield Community Grant Fund |  | | Own Funds |  | | Fundraising |  | | In Kind (e.g., volunteer time) |  | | Other (please specify) |  | |  |  | |  |  | | **Total Income** |  | |
| **Is your organisation VAT Registered?** | Yes  No |
| **If yes please provide your VAT Number** |  |
| **When is the project expected to start and finish?** | **Start:**  **Finish:** |
| **If your project runs across different financial years (1st April – 31st March) please provide a breakdown of spend and anticipated grant** | |  |  |  |  | | --- | --- | --- | --- | |  | **2022-23** | **2023-24** | **2024-25** | | Total Expenditure (£) |  |  |  | | Total Grant (£) |  |  |  | |

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| **SECTION 4: CAPITAL PROJECTS ONLY** | |
| **Is Planning permission required to deliver your project:** | **Yes**  **No** |
| **If yes, please indicate status of the application with dates** | **Applied for (date):**  **Granted (date):**  **Reference:** |
| **Does your organisation own the property for which you are seeking a grant if applying for capital works on a property** | **Yes**  **No** |
| **If no, do you have a lease on the property?** | **Yes**  **No** |
| **What is the length of any lease and unexpired term** |  |
| **Have you obtained written permission from the landowner/landlord?** | **Yes**  **No** |
| **Please give the name of the person or organisation which owns the building / land** |  |
| **Does your organisation have adequate insurances in place both for any items of equipment purchased and for the activities it delivers?** | **Yes**  **No** |

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| **SECTION 5: ALL PROJECTS** | |
| **Does your organisation have adequate insurance in place both for any items of equipment purchased and for the activities it delivers?** | **Yes**  **No** |
| **Please provide details to support your answer above** |  |
| **Does your project involve working with vulnerable adults?** | **Yes**  **No** |
| **Does your project involve working with children and young people under 18 years of age?** | **Yes**  **No** |
| **If you have ticked ‘Yes’ to either of the above questions above and your project will be working with children, young people or vulnerable adults, please tick the box to confirm that your organisation understands and discharges its duties and responsibilities in respect of their protection.** | **Yes** |

**Declaration**: I declare that:

* I am authorised to sign this form on behalf of the organisation
* The information on this application form and the supporting information enclosed with it is accurate to the best of my knowledge
* The project falls within the organisation's purposes
* My organisation has power to accept a grant subject to the grant conditions stated

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| **Signed** |  |
| **Date** |  |
| **Name** |  |
| **Position** |  |

Please refer to the guidance notes prior to completing this form.