

**Project and Activity
Small Grant
(Grants awarded up to £300)**

Application Form

Who can apply for a Project and Activity Small Grant?

The project & activity small grant is aimed at community involvement groups who directly benefit Coastline tenants as well as the wider community.

IMPORTANT !

The project and activity small grant awards grants from £50 to £300.

What could your community group use the grant for?

Project and activity grants can be used to finance small, short term projects or activities for example one day events or one off training courses.

How do I apply?

- Complete the form attached
- Please complete the form in '**Block Capitals**' and '**Black Ink**' or alternatively in a typed format.
- Return the completed form and any attached paperwork to the Neighbourhood and Involvement Team at: Ferris House, Dolcoath Avenue, Camborne, TR14 8SD.
- Guidance from the Neighbourhood and Involvement Team is always available when completing the application form. You can contact a member of the team on 08082 027727 or email getinvolved@coastlinehousing.co.uk

IMPORTANT INFORMATION !

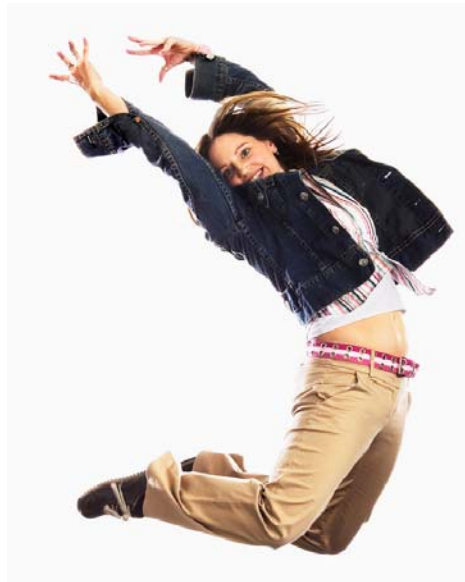
- ◆ The annual deadline dates for funding applications are:
31st March, 30th June, 30th September and 31st December
- ◆ Your application must be completed in 'Block Capitals and 'Black Ink'. If your application is not completed in this format it will be automatically returned to your group and you may miss the funding deadline date.
- ◆ Please check through your application thoroughly before sending it to the Neighbourhood and Involvement Team to ensure all the correct paperwork is attached to the application. If your application is not complete it will be automatically returned to your group and you may miss the funding deadline date.

Things the project and activity small grant will not fund

- Costs relating to existing or ongoing projects or activities
- Items benefiting one sole person
- Costs that are part of statutory obligations or replace statutory funding
- Endowments or loan payments
- Expenses which include alcoholic beverages

IMPORTANT

- ◆ We cannot give grants for invoices already paid in connection with the group
- ◆ Your group can only apply for one project and activity small grant per financial year.



PROJECT OVERVIEW

1. What project or activity will take place if you receive a small grant?
(please give as much information as possible, you may wish to do a sketch, add some photo's, press cuttings or a link to a website)

ABOUT YOU AND YOUR GROUP

| | |
|--------------------------|--|
| 1. Name of Group: | |
|--------------------------|--|

| | |
|----------------------------|--|
| 2. Name of Contact: | |
|----------------------------|--|

| | |
|----------------------------|--|
| 3. Contact Address: | |
|----------------------------|--|

| | |
|----------------------------|---------------------------------------------------------------------|
| 4. Contact Details: | Daytime Tel: Evening Tel: Email Address: |
|----------------------------|---------------------------------------------------------------------|

| | |
|-------------------------------------------------|--|
| 5. What is the best time to contact you? | |
|-------------------------------------------------|--|

6. If you require any additional support in completing your application please state the support required.

| |
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| | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 7. Does your group have a constitution in place? (Please delete as appropriate) | YES (Please enclose a copy) NO (Funding cannot be granted without an agreed constitution) |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

8. How many people are there involved in running the group?

(Please list committee members and the names of residents who are general members or who support the group on a regular basis)

Chair

.....

Vice Chair

.....

Secretary

.....

Treasurer

.....

General Members

.....

ABOUT YOUR PROJECT OR ACTIVITY

1. To qualify for a grant a good level of support from you neighbours/community is needed. Please give us details of how you have consulted with your neighbours/community and please state the number consulted:

2. What were the results of the consultation?

(Please attach any evidence of consultation you have, e.g. reply slips, minutes from meetings, survey results, notes taken whilst door knocking)

3. How will your project or activity aim to benefit the community?

(Please tick one or more of the boxes that applies to your project or activity)

Environmentally

Raise Awareness

Increasing Community Spirit

Increase Educational Skills

Improve Health & Well-being

Increase Independence

Reduce Antisocial Behaviour

Increase Inclusion

Other (please state)

.....

4. Which target group are you aiming your project or activity at?

(Please tick one or more of the boxes that applies to your project or activity)

Community

Youth and Children

Elderly

Hard to Reach/Minority Groups

5. How many people including Coastline Housing Tenants and the wider community are you hoping to reach with your project or activity?

6. When are you planning for your project or activity to take place?

(Please state the date, month and year)

Start Date:

End Date (if Known):

7. Please list here all the legal paperwork required to allow your project or activity to take place e.g. risk assessment, event insurance, basis food hygiene certificate.
(You must enclose a copy of all legal paperwork with this application)

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Please continue on a separate sheet if required

8. Please give a description of what your group has achieved over the last 12 months?

(Examples – coffee mornings, consultation projects, community events, training or qualifications achieved)

9. Please list all the items you require for your project or activity and their total cost.

(Please include all quotes)

| Item or Activity | Amount Requested from CHL |
|-------------------------------------------|------------------------------|
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| Total funding required from CHL | £ |
| Other Funding Received | Other funding secured |
| Funder: | £ |
| Funder: | £ |
| Funder: | £ |
| Total funding secured from other agencies | £ |
| Total funding allocated from groups funds | £ |
| Total funding for project/activity | £ |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>10. If you are an established Community group has your group produced annual audited accounts? (Please delete as appropriate)</p> | <p>YES (Please enclose a copy and a copy of your groups latest bank statement)</p> <p>NO (Please send latest 3 months bank statements)</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <p>11. Has your group got its own bank account? (Please delete as appropriate)</p> | <p>YES (Please continue to question 13)</p> <p>NO (Please continue to question 14)</p> |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <p>12. What is your groups bank/building society details?</p> <p>(Once completed go straight to question 14)</p> | <p>Name:</p> |
| | <p>Address:</p> |
| | <p>Sortcode:</p> |
| | <p>Account No:</p> |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>13. If you do not have a bank/building society account at present what date are you expecting to have one in place? <i>IMPORTANT: (All grants issued will only be paid into group accounts. Details of new accounts will need to be passed on to CHL as soon as possible)</i></p> | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

14. Signatory Panel

It is essential that the two signatures of people who are authorised to sign on behalf of your group are stated below.

| Signature | Name (block caps) | Position in Group |
|-----------|-------------------|-------------------|
| | | |
| | | |

ADDITIONAL INFORMATION

(Please tick)

- 1. You must be prepared to feature with Coastline Housings Newsletter 'Coastlines'; are you happy to do so?** Yes No
- 2. You may be asked to attend a funding meeting to present your funding application. Would you be happy to do so?** Yes No
- 3. You must be prepared to complete an evaluation form. Would you be happy to do this?** Yes No
- 4. You must be prepared to have your project reviewed by the Funding Sounding Board. Would you be happy to do this?** Yes No
- 5. If queries arise in relation to your funding application or evaluation booklet you must be prepared for a member of the Funding Sounding Board to contact you. Would you be happy to do this?** Yes No

IMPORTANT!

Your application will be assessed by a group of Coastline Housing residents. As budgets are limited, not all applications can be granted and the group's decision will be final.

Completing this application is not a guarantee that you will receive funding. Please do not allocate money to a project until you have received confirmation that your funding application has been successful.

INDEPENDENT REFEREE

Please enter details of an independent referee who has known your group for at least one year or from its initial set-up. The referee must also sign below to show that they support your application. (Please print in black ink)

| | |
|--------------------------------------------------------------------------|--|
| Full Name: | |
| Contact Address: (Inc Postcode) | |
| Job Title: | |
| Email Address: | |
| Tel No Day: | |
| Tel No Evening: | |
| How long have you known this Community Involvement Group? | |
| How do you know this Community Involvement Group? | |

I can confirm that I have known this group and its work for at least one year or from its initial start-up. I have read this application and support this request for funding and I am suitably qualified to act as a referee for this project. I am willing to be contacted to discuss this application further. I am also willing to comment on the group at a later date if this application is successful.

Signature:

Date:

CHECKLIST

Please check that you have included all the relevant documents (where applicable) with this application.

The following checklist should help you with this:

| | | Yes/No |
|----------------------------------------------------------------------------------------------------------|---------------|--------|
| Your Groups Constitution. | Essential | |
| Your Groups Annual Accounts and your latest bank statement (or your latest 3 months of bank statements). | Essential | |
| Copies of Quotes for the project/activity. | Essential | |
| Copies of any relevant legal documents. | If Applicable | |
| Copies of the Consultation evidence. | Essential | |
| Continuation Sheets. | If Applicable | |
| Completion of the Independent Referee Statement. | Essential | |
| Your Group has made a copy of this application to keep for reference. | Essential | |

Please check that all sections of the application form have been completed and then return to:

Neighbourhood & Involvement Team
Coastline Housing Ltd.
Ferris House
Dolcoath Avenue
Camborne, TR14 8SD

.....

Office Use Only:

Date Received:

Approved/Rejected:

Offer Letter Issued:

Date BACS/Cheque requested from Finance:

Do you need information in a different format?

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|
|  <input type="checkbox"/> In Braille |  <input type="checkbox"/> On tape |  <input type="checkbox"/> Face to face | <input type="checkbox"/> Larger typeface | <input type="checkbox"/> Large print |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|

Arabic الرجاء ارسال لي هذه الوثيقة بالغة ال عربية

Polish Na specjalne życzenie, niniejszy dokument może być dostępny w języku Polskim.


Thai เอกสารนี้มีให้ในภาษาไทย ถ้าคุณต้องการ

Other language required: _____

Name: _____

 Address: _____

Postcode: _____

 Telephone: _____



Send to:

Coastline Housing, Ferris House,
Dolcoath Avenue,
Camborne, TR14 8SD.



08082 027728

If you tell us which language you speak, we
will be able to get a translator on the phone.



Community Group Project & Activity Small Grant

'Hints & Tips'

The Community Group Project & Activity Small Grant has been designed by tenants with the hope of providing community groups with an application which is easy to use, jargon free and can be used by groups applying for funding for the first time as a stepping stone to completing more complicated funding forms in the future.

Most of the questions in the application are self explanatory but below are a few 'Hints and Tips' which may help you along the way.

If at any point you require further support in completing this application please do not hesitate to contact a member of the Neighbourhood & Involvement Team on 08082 027728 or via getinvolved@coastlinehousing.co.uk.

Section 1 – PROJECT OVERVIEW

Question 1

Please give as much information as possible. Remember the Sounding Board (SB) will not know your community group or your project. It is important that you explain the project so the SB can visualise what the money will be spent on and how this will improve the neighbourhood and the local residents' quality of life.

Section 2 - ABOUT YOUR PROJECT AND ACTIVITY

Question 1

Please state how you consulted e.g. via survey, door knocking, meeting and please state how many people/households were consulted.

Question 2

Please attach copies of the results/outcomes from your consultation as evidence that the community support your project/activity. The SB will not assess any application which does not provide evidence that the community supports the project/activity.

Question 5

Please state approximately how many people/households you will reach with your completed project/activity.

When stating how many people including Coastline Housing tenants you will reach please give a breakdown of general households and Coastline housing households reached e.g. the project will reach 100 households 60 are general households and 40 are Coastline households.

Question 6

Your evaluation booklet will need to be completed 1 month after your stated end date.

Question 7

Please attach copies of all legal paperwork required for your project/activity to go ahead. The application will not be assessed and will be returned to you if copies of legal paperwork are not received and you may miss a funding deadline date.

Question 8

Please include any press cuttings or pictures which can support your application.

Question 9

You must include copies of quotes for all items listed on the funding application. Only funding agreed/awarded needs to be stated under the 'other funding received' section. Applications currently being processed do not need to be included.

Question 10

If you are an existing community group please make sure you attach a copy of your audited accounts along with your most recent bank statement.
If you are a new community group please include copies of your last 3 months bank statements.

