APPLICATION FORM

**PLEASE USE THE NOTES THAT ARE ATTACHED WITH THIS FORM FOR GUIDANCE.**

(NB: If you are filling in the form electronically, simply click in the empty boxes and type, or use the tab key to move around the form).

|  |  |  |
| --- | --- | --- |
| Name of Organisation |  | |
| Charity number (if available) |  | |
| VAT Registered |  | |
| Applicant Name |  | |
| Address |  | |
|  | | |
| Postcode |  | |
| Telephone |  | |
| Email |  | |
| What does your organisation do? (300 words) | |  |
| What is your project going to be about? (300 words) What do you want to do? Who will it include? Who will benefit? How many people will benefit? | |  |
| Where will your project take place? | |  |
| Are you aware of any other groups or organisations that provide a similar service to your proposed project?  If so please tell us why your project should be funded? | |  |
| Have you applied to The Lancaster District Community Wellbeing Fund before? | |  |

|  |  |
| --- | --- |
| Total cost of your project? |  |
| How much money are you requesting?  Please provide a full breakdown of how the money will be spent |  |

|  |  |  |
| --- | --- | --- |
| Where will the funding for your project come from? | | |
| Funder | Amount | Funding Confirmed |
|  |  |  |
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| --- | --- |
| What will be the lasting impact of your project? (300 words) This could be a lasting improvement or structure, it could be a lasting change in people's lives or it could be a stepping stone to further funding and continuation of your project and how sustainable it is |  |

**Signature**

|  |  |
| --- | --- |
| Where did you hear about The Lancaster District Community Wellbeing Fund? |  |
| Signed:  (If sending the form electronically, no signature is required. However, if successful, a signature may be requested at a later date) |  |
| Print Name: |  |
| Position in organisation: |  |
| Date: |  |

**Health and Safety**

Please note that applicants receiving a grant from the Lancaster District Community Wellbeing Fund must accept responsibility for the health and safety of their project, assessing risks to the public and participants, both during the project's development and on its completion. Applicants should ensure that they have sufficient liability insurance to cover their project.

**If you require help in this area please contact us prior to sending in your application.**

Child Protection

If you or members of your group will be working with unsupervised children or vulnerable adults as part of your project, you should ensure that you undertake a risk assessment and check that you have considered the implications for child protection and safety.

You will need to develop a child protection policy and undertake enhanced Disclosure and Baring Service (DBS) checks for any staff or volunteers working unsupervised with children or vulnerable adults.

**If you require any help in this area please contact us prior to sending in your application**

|  |  |
| --- | --- |
| Will your project involve you and / or members of your group working with unsupervised children or vulnerable adults? |  |

By submitting this form I certify that the information provided in this application is accurate and that all necessary Health & Safety and Child Protection issues have been considered and addressed where relevant.

Please return completed applications to:

[lancasterdistrictcwf@lancashire.gov.uk](mailto:lancasterdistrictcwf@lancashire.gov.uk)

or FAO Community Projects, Lancashire County Council, Floor 1 Christ Church Precinct, County Hall, Fishergate, Preston, PR1 8XB