



Community Grants 2009/2010

Application Form

Closing date : 5 October 2008

Please note that late applications
will not be processed

1. Details of Organisation

Name of Organisation: _____
Length of time in existence _____
Geographic area which your
organisation covers _____

Address of Organisation: _____

Telephone No: _____

E-Mail Address: _____

Charity Registration No:
(if applicable) _____

Other (e.g. Company No.) _____

Name of Contact Person: 1) _____ 2) _____

Position in Organisation: _____ _____

Correspondence Address: _____ _____

Telephone No: _____ _____

E-Mail Address: _____ _____

2. Grant requested from Swindon Borough Council

£ _____

3. Aims & Objectives

(A) Please give a brief description of your organisation, its activities, legal status, membership and finances.

(B) Which of the LAA 2 targets are you planning to assist in achieving, please be as specific as possible about numbers/impact

(C) Please describe how you will achieve the progress towards LAA target/s you have selected? **Note** it is important that you explain how your activity will impact on the measurement of the particular target you have identified

4. Monitoring & Evaluation

- (A)** How will you monitor/evaluate and measure the outputs and outcomes detailed above please specify the evidence you will use?

5. Finance

- (A) Please provide a budget to cover the activity for which **this application** is being made.

	Total Cost of the activity	Amount being applied for from SBC	Other funding/income
Direct Labour Costs			
Management Costs			
Rental			
Utilities			
Equipment (please specify)			
Volunteer Expenses			
Beneficiary expenses			
Materials			

(E) Reserves

Does your organisation have a Reserves Policy?

YES/NO

What reserves were held at the end of the financial year 2007/08?

Restricted Funds: £

Unrestricted Funds: £

Designated Funds: £

6. Equal Opportunities

- (A) How do you implement equal opportunities in the delivery of your activity/service?
What evidence do you record?

Protection of Children & Vulnerable Adults

- (A)** Is any part of the service/activity you provide specifically for children, young people or vulnerable adults? YES/NO

If yes, please continue with Q6. If no, go straight to Q.8.

- (B)** Does your organisation have written policies on:

	Yes	No
Child Protection	<input type="checkbox"/>	<input type="checkbox"/>
Protection of Vulnerable Adults	<input type="checkbox"/>	<input type="checkbox"/>

- (C)** Is your organisation known to or registered with Social Services?

	Known	Registered
Wiltshire Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Swindon Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

- (D)** What steps are taken to ensure suitability of staff/volunteers/management committee?
(e.g. Criminal Record disclosures)

8. Insurances

Which of the following insurance policies does your organisation currently have in place?

Public Liability

Employers Liability

Professional Indemnity

Please attach copies of current insurances to this application.

9. Data Protection/Confidentiality

(A) Do you keep personal records of service users? YES/NO

If yes, do you have a written policy on Data Protection or Confidentiality? YES/NO

10. Supporting Documents

Please include the following documents with your application form:

Governing Document (i.e. Constitution, Terms of Reference etc)

Equal Opportunities Policy/Statement

Annual Report and Accounts 2006/07

Minutes of last AGM

Copies of current Insurances

Estimated overall budget for 2007/08)

Written Complaints Procedure

Data Protection/Confidentiality Policy }

Child Protection Policy }

Vulnerable Adults Policy }

If relevant

11. Declaration

I declare that the information provided on this form is complete and correct to the best of my knowledge and belief.

Signature	Position held in Organisation	Date



The information you have provided will be used to assess your organisation's eligibility for grant aid and may be shared with other Council Departments for monitoring purposes and to assist consultation on policy and service developments.

Please return the completed form to:

**Mark Feeny
Commissioning and Contracts Officer
Community Services
Swindon Borough Council
4th Floor, Premier House
Station Road, Swindon SN1 1TZ
(01793) 466503**

Deadline:

30 November 2008

**Please note that late applications
will not be processed**