

Please complete this form in black ink or type and return with all the required information to: East Lindsey District Council, Tedder Hall, Manby, Louth, Lincolnshire, LN11 8UP. For further assistance please contact the Community Grants Team on 01507 601111.

The Community Grants Scheme is run subject to Council budget approval, East Lindsey District Council retain the right to withdraw the scheme at any point.

### Checklist *(please tick)*

Please use this checklist to make sure you have filled in the form correctly and have enclosed all the appropriate, essential supporting information we need to assess your project (see information guide). Items in bold are essential. Other items may be required depending on your project.

- All questions on the form have been completed
- The form has been signed by the main contact
- The form has been signed by the second contact

#### The following documents are enclosed:

- Our constitution is enclosed which includes an appropriate dissolution clause (unless you are a parish council)
- Equality and Diversity Policy, Equal Opportunities Policy including DDA Compliance
- Our most recent Annual Accounts or budget statement if you are a new group
- Our most recent original bank statement (this will be returned) or photocopy of your building society passbook
- Relevant quotations or a single written estimate
- A copy of our Business Plan – for strategic / infrastructure/capital projects with a total project cost over £50,000
- A copy of our planning permission & building regulation approval (where applicable)
- An independent valuation & surveyors report (for buying property)
- A copy of tenure (freehold, lease or licence). Plus if leasehold and building works are to be carried out, permission from the landlord

- A copy of all relevant job descriptions (including salary scale and hours of work)
- Confirmation letters from other funding bodies
- Letters of support from partner organisations and/or local groups that support the project
- Health & Safety Policy
- Use of Volunteers Policy
- Safeguarding Policy
- Environmental Audit/Policy
- External inspection reports
- Equality and Diversity Monitoring Form

#### Be sure to provide evidence of:

- Consultation with users and potential users
- Membership of / affiliation to national body and parent body support
- Standards of service quality (e.g. IiP, Quality Mark, etc)
- Compliance with national safety standards, where appropriate, for any equipment to be purchased

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information you provide will only be used for Council purposes unless we are required by law to do otherwise. We may ask you to provide more information before we make a final decision about your application.

Main Contact  
As per question 3

Date

Signature

Second Contact  
As per question 4

Date

Signature

# Your Organisation

1. The name you give here must match that on your constitution, bank statement and accounts.

Your constitution sets out your organisation's aims and how it works, it may be called your constitution, rules, trust deed or memorandum and articles of association.

**Please attach your constitution document to your application.**

Parish/Town Councils do not need to submit a constitution.

3. We assess grant requests using information on the application form and may telephone you or request a site visit, depending on the amount you have asked for. One or both of the named contacts may have to take part in the assessment process so they will both need to have a clear understanding of the project and the application.

## 1 Organisation name

## 2 Organisation address (Please include Postcode)

Website

## 3 Main Contact

Name

Position in organisation

Address (Please include Postcode)

Daytime telephone number

Mobile telephone number

Email address

## 4 Second Contact

Name

Position in organisation

Address

Daytime telephone number

Mobile telephone number

Email address

# Your Organisation

5. Please tick the box or boxes that describe your organisation, giving any charity or company reference number.

## 5 What type of organisation are you? *(tick all that apply)*

Company Limited by guarantee       Industrial Provident Society

Ref:

Ref:

Registered Charity

Parish or Town Council

Ref:

Unregistered organisations with formal rules

Other (please describe) Including CIC's and LLP's

6. Please state if you are VAT registered. We are unable to give you a grant for recoverable VAT.

## 6 Are you VAT registered? Yes      No

If yes, please state registration number

7. Explain the purpose of your organisation and what it actually does.

*Please refer to specific activities.*

*Your answer needs to relate to your organisation as a whole rather than just a planned project/service.*

*If you are a new or small group and the project/service will be the start or all of your activities, please explain this here.*

## 7 Please tell us what your organisation does

# Your Project

1. Choose a short title that describes the activities of your project.

**1** What is the name of your project? *(in no more than five words)*

2. Please tell us whether this is a new project/service or part of an existing project/service.

**2** Is this a new or existing project/service? *(please tick)*

New     Existing

3. Give us a realistic project/service start date, which takes account of obtaining all funding. Where an end date is applicable state it here.

**3** When are you planning your project/service to take place?

Start date

End date

Please note that unless applying for a multi-year revenue grant you must complete your project within one year of receiving an offer of grant from this scheme.

4. This question forms an important part of the assessment process. It allows us to confirm that your project/service will be eligible for support.

**4** Where will your project/service take place?

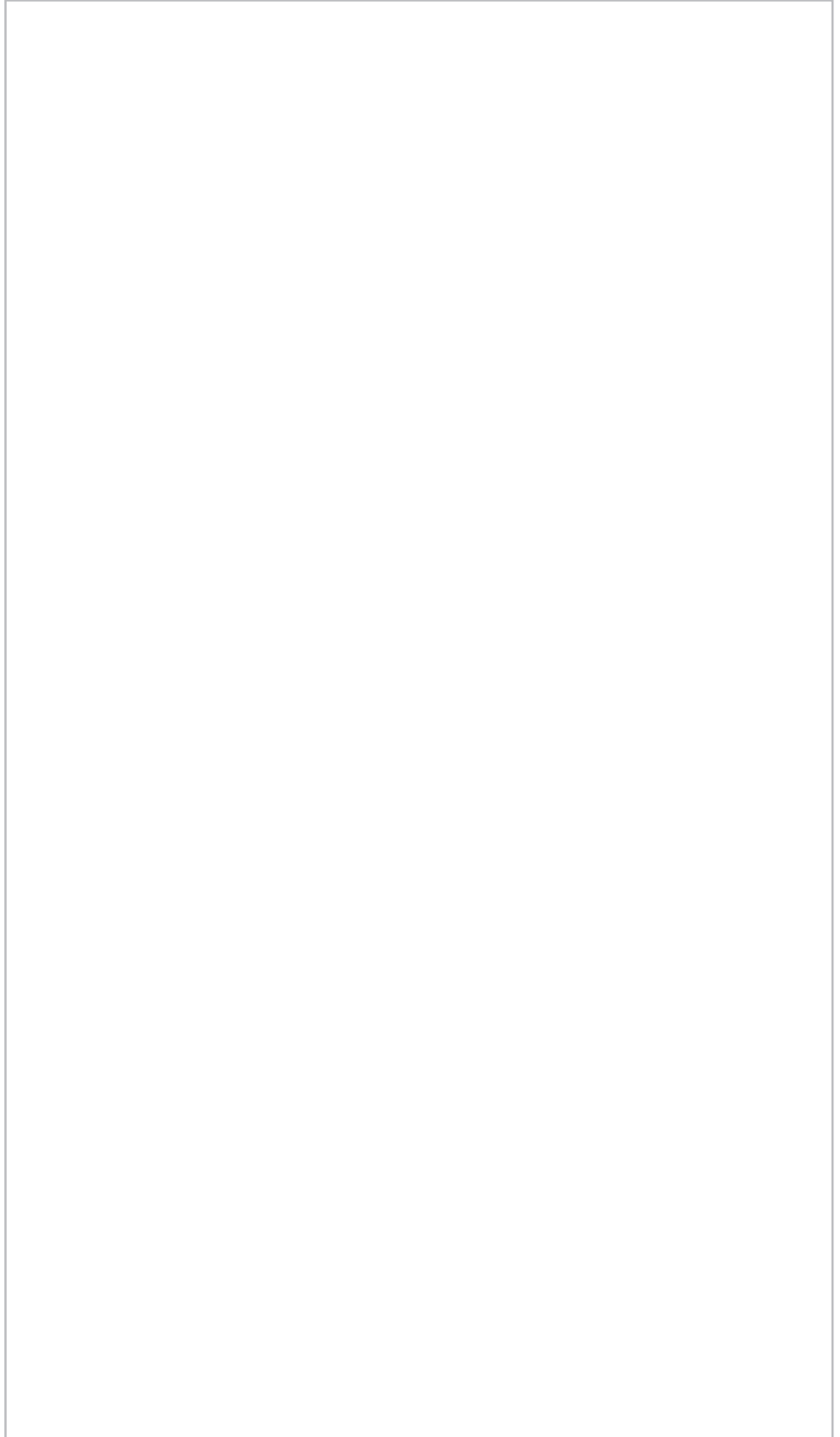
# Your Project

*5. Clearly describe the overall purpose and main activities of your project/service.*

*Please tell us whether our grant would be for specific items or a contribution to the total project/service costs.*

*You may wish to include photographs, diagrams or drawings with your application to illustrate your project.*

## **5** Please describe the project/service and its core activities



# Your Project

6. The purpose of this question is for you to tell us clearly about the community your project/service will benefit and how the idea for your project/service came about. You should consider the following.

*Population details.*

*Is there a Parish Plan that shows the need for the project/service?*

*Are you aware of specific problems facing your community?*

*Has a feasibility study been done for the project/service?*

***Attaching evidence of these would be very useful.***

## 6 How do you know that your project/service is needed? What evidence have you collected?

# Your Project

7. We support projects which improve the quality of life for people in East Lindsey. This question asks you to think about how your project will achieve this.

You should also consider the following:

*Will the project provide a new service or facility?*

*Is the project a new way of providing an existing service?*

*Will the project expand an existing service or facility?*

*Will the project maintain a service or facility which may otherwise end if funding cannot be secured?*

*How will it improve your community?*

*Will the project benefit groups not currently being helped?*

*Will the project improve the immediate area or will the project improve the local area?*

*How long will the benefits last?*

7

**How will your project/service benefit your local community?**

# Your Project

8. State how many people currently benefit from your project/service. If it is new then leave the 'current' boxes blank. Then specify how many you anticipate will benefit in the 'planned' boxes.

## 8 How many people do you expect to benefit directly from your project/service?

(Insert numbers)

Current  Planned

What ages are the people who will benefit?

Current

0 – 11  12-16  17-24  25-64  65+

Planned

0 – 11  12-16  17-24  25-64  65+

9. It is essential that any project/service supported is safe and meets all legislation.

If your project works with children, young people under the age of 18 or vulnerable adults, how will they be kept safe?

Attach the appropriate policies as stated on the checklist on page 1.

Has a risk assessment been completed?

## 9 Safety

What, if any safety issues are related to your project?

Do staff and volunteers have Criminal Records Bureau (CRB) clearance and / or are they registered on the Independent Safeguarding Authority (ISA) register?

CRB  ISA  N/A

Does your organisation .....

- |   |  |
|---|--|
| <input type="checkbox"/> Use volunteers to carry out tasks    | <input type="checkbox"/> Have Employee Liability Insurance     |
| <input type="checkbox"/> Have contact with the general public | <input type="checkbox"/> Have Public Liability Insurance       |
| <input type="checkbox"/> Provide advice to the general public | <input type="checkbox"/> Have Professional Indemnity Insurance |
| <input type="checkbox"/> Own the facility                     | <input type="checkbox"/> Buildings Cover (buildings only)      |

Do you hold any other insurance?  Yes  No

If Yes, please give details

Tick all the boxes that apply.

# Your Project

10. We want to support projects that have been developed by local people. Please consider the following:

*How have local people influenced the development of your project?*

*Has there been local consultation events, public meetings or surveys?*

**Please attach letters of support**

11. How will local people, users and beneficiaries be represented on the project management committee steering group and so on? How will local people be able to influence decisions, give and receive feedback on the projects activities?

12. We support projects, which meet the outcomes stated. The more your project meets these the more likely you will receive support, hence provide details under as many outcomes as possible.

**10** How have local people been involved in planning your project/service? Include names of organisations/groups.

**11** How will local people, users and beneficiaries be involved in managing and delivering the project/service?

**12** Tell us how your project/service will meet one or more of the following outcomes:

**Active, strong and resilient communities with the skills and capacity to improve wellbeing in their own communities**

**Inequalities are reduced in East Lindsey's communities**

# Your Project

A high quality and clean local environment

A diverse district that is celebrated by residents, businesses and visitors

13. We do not wish to fund projects that duplicate existing provision or will have a negative impact on another service.

Are you sure your project is not doing the same thing as another group based locally?

How have you tried to find out?

**13** Is the same or a similar project/service already provided by someone else locally? Where is the nearest comparable provision?

14. Please tell us how you will manage your project. Will a member of the management committee take lead responsibility? Will someone else manage the project on a day-to-day basis and report back to your committee? Do you expect a separate organisation to deliver the project for you (for example a consultant)?

**14** How will you manage your project/service?

15. State the number of people for each relevant category. If none, leave blank.

**15** How many people are involved in running your organisation?

Management Committee  Volunteers  Paid Staff

Other  (Please specify)

# Your Project

16. Please fill in the table, giving the total cost of each item and the amount of grant you want. Only include those you want us to contribute to.

Please remember that you must provide two quotes for items costing under £15,000. If you want us to contribute to items costing between £15,000 and £50,000, you need three quotes. For items costing over £50,000, you need tenders. For building projects, you can provide a single written estimate from a qualified surveyor or architect. If approved you would then need to get quotes/tenders as above. For building work costing over £50,000, you must employ a suitably qualified surveyor or architect to manage the work.

Refer to the Information Guide regarding criteria related to land and building projects.

17. Ensure the total grant does not exceed £8,000 or 50% of the total cost of the project.

## 16 How much is your project going to cost in total and how much do you need from East Lindsey District Council in total?

Item or Activity	Total cost of item	Requested from ELDC
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total</b>	£ <input type="text"/>	£ <input type="text"/>

Important note: the total amount requested from ELDC must not exceed 50% of the total project cost.

## 17 If applying for a multi-year revenue grant, please indicate how many years you wish to be funded for:

	£ Grant requested
1 year <input type="checkbox"/>	£ <input type="text"/>
2 years <input type="checkbox"/>	£ <input type="text"/>
3 years <input type="checkbox"/>	£ <input type="text"/>

# Your Project

18. Please show all the funding you have either applied for or already secured. If you have applied for a grant, you should also tell us when you expect to find out the decision.

Please remember that the total cost line must equal that of question 16.

Please provide funding confirmation letters or evidence you have applied for other funding.

19. Community Grants are prioritised and awarded to groups that are considered as 'financially in need'. This level of need is assessed during the scoring process. If your organisation holds more than one year's 'running expenses' in 'free reserves' then you may not actually qualify for grant support.

Please attach your most recent set of annual accounts and your most recent bank statement. Your application cannot be processed unless this information is provided.

## 18 How do you plan to finance this project?

Show all the funding you have applied for. The status of funds is as follows.

Source of funds	Amount	Status	Date Decision Expected
AS Application Submitted		C Funding Confirmed	ES Earnings and Sales
ELDC Grant Aid	£	N/A	N/A
	£		
	£		
	£		
	£		
	£		
Total cost of project	£		

## 19 Financial Need

What was your organisations annual expenditure last year? (a) Amount £

What was your organisations 'Reserves balance' or 'Balance carried forward' at the end of the last financial year? (b) Amount £

If your 'Reserves balance' (b) was greater than your previous years annual expenditure (a) then you may not qualify for grant support. Please contact the Community Grants Team for further advice as exceptions do exist.

Other factors are considered when assessing 'financial need'. Where applicable enter amounts or 'zero' where non exist

Are any funds being held restricted/saved for a specific use? e.g for a building extension (a) Amount £

Will you use any of your own funds to part fund the project for which you are requesting funding for? (b) Amount £

# Your Project

20. We have limited budgets and may be unable to support the full grant request. We would like to know the impact of changes including: activities that would not proceed, occur later or achieve limited benefits.

**20** If the Council could only fund 50% of your request what would the consequences be? Who would you approach for the remaining funding?

21. State the impact of not receiving funding and the action you would take.

**21** If the Council were unable to fund any of your costs what would the consequences be? Who else would you approach for the funding?

22. We pay grants directly into your bank account. Please complete all details and send us the original and latest bank statement or photocopy of passbook. (The statement will be returned).

**22** Your bank details (please include an original, recent bank statement)

Name of account

Name of bank or building society

Sort code

 -  - 

Account number

Building society roll number (if applicable)

Address (Please include Postcode)

# Your Project

23. We will only support projects where at least two people are needed to sign each cheque.

Grants cannot be awarded to organisations where two closely related parties, for example husband and wife, can authorise the release of funds.

24 & 25. State previous grant(s) received from ELDC and other funding bodies.

26. Explain what would happen after any grant from us has been used. Would the project continue, if so how, or if it stops how would this happen?

Would the benefits of the project continue after funding?

**23** How many people must sign each cheque?

Please list everyone who is entitled to sign cheques (including very low value cheques) drawn from this account.

Name	Position
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**24** Has your organisation applied for an ELDC grant before?

Name of Grant	Successful?		Amount awarded
	No	Yes	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	£ <input type="text"/>

**25** Has your organisation received a grant from another source?

Funder	Amount awarded
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

**26** Will your project continue after the period which you have asked for funding?  Yes  No

How will completing this project improve the sustainability of your organisation and have a lasting benefit to the local community?

Please give further information

# For Office Use Only

## 27 Local support for organisations applying for grant aid

27. Your application must be supported by your Parish/Town Council and your East Lindsey District Ward Councillor(s). They must complete this section of the form. Please ensure that the Parish Council representative is a different person to the District Ward Member.

The details of your Parish/Town Council, and your East Lindsey District Councillor(s) can be obtained from our website [www.e-lindsey.gov.uk](http://www.e-lindsey.gov.uk), or alternatively please telephone our Community Grants Team on 01507 601111.

*Please ask your Parish/Town Council to complete this section*

### Parish or Town Council

I confirm that the Parish/Town Council **does / does not\*** support this application for grant aid.

Full name

Signed

Date

Capacity in which signed

Comments

*Please ask your District Council Ward member(s) to complete this section*

### Local Ward Member 1

I confirm that I **do / do not\*** support this application for grant aid.

Full name

Signed

Date

Capacity in which signed

Comments

### Local Ward Member 2

I confirm that I **do / do not\*** support this application for grant aid.

Full name

Signed

Date

Capacity in which signed

Comments

*\*Please delete as appropriate*



## **Community Grants**

Application Form 2011/12

Community Grants, East Lindsey District Council,  
Tedder Hall, Manby, Louth, Lincolnshire, LN11 8UP

Tel: 01507 601111

[www.e-lindsey.gov.uk](http://www.e-lindsey.gov.uk)