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|  | Application form  **Community Chest Grant**  **Autumn 2023** |

*\*\*\*please make sure you have read our guidance notes before completing this application\*\*\**

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| **Contact details** | |
| Name of group / organisation / individual: |  |
| Address of group / organisation / individual including postcode: |  |
| Type of group / organisation (leave blank in an individual): | • Resident Association  • Community group  • Charity (must have income of less than £75,000)  Registered Charity number………………………………………………..  • Other (please state):…………………………………………. |
| Tell us about your organisation (e.g. who you are, what are your aims) |  |
| Your name and position within the group / organisation: |  |
| Your address  including postcode:  (if different from above) |  |
| Contact phone no: |  |
| Email: |  |
| Name and position of a supporting project partner: |  |
| Supporting partner address, including postcode: |  |
| Phone number: |  |
| Email: |  |

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| **Project / Activity (please read the Funding Guidance Notes for this section)** | |
| Name of the activity / event / project you’d like funding for |  |
| **What** will happen and **where** will it take place? |  |
| **Why** is this project needed? |  |
| **Who** are you aiming to help with this project? |  |
| **How** does the project benefit the William Morris ward community? |  |
| How many people do you expect to reach and help? |  |
| How will you reach people who are not digitally connected? |  |
| Which of these themes does your project support? (*Tick or delete as appropriate.)* | People feel more connected to the area and to their neighbours and therefore safer, happier, and prouder of where they live.   * More residents are involved and empowered in shaping what goes on locally. * Supporting people’s physical and mental wellbeing. * Reducing social isolation. * Responding to local needs. |
| Who will carry out the project? |  |
| What skills and experience do they have for delivering the project? *(Or relevant skills or experience if doing this for the first time)* |  |
| What are the main risks and how will they be managed? |  |

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| **Budget** | |
| Please list below what the costs will be to carry out this activity / project. Remember the Community Chest grant is limited up to **£750** per project. Please be as detailed as possible with your budget. This will help the funding panel. | |
| **Item needed** | **Cost** |
| *List all materials, equipment, subscriptions, rent and fees, tutor / instructor, insurance, printing. Remember to read guidance notes for what we do not fund.* | *Please list as accurately as possible, if you know the exact cost for the item already, then even better!* |
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| **Total requested from Community fund** | **£** |

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| **Declaration** | |
| This application is submitted on behalf of the group or organisation named in section 1, who I am duly authorised to represent. The information given is correct to the best of my knowledge. I have read the Guidance Notes and I understand that if the information I have given is found to be incorrect, my application may be rendered invalid, and the grant may have to be returned. I am over the age of 18. | |
| Signed: |  |
| Date: |  |
| Print name: |  |
| Position held in group/organisation |  |
| **Data Protection Statement**  Any information you provide on this form will be held by William Morris Big Local in accordance with the Data Protection Act 2018 | |

If you would like advice for filling in this application any information about our fund, or have questions about your application please contact Gabriel Edwards, our Project Lead, on 07947 766251 or via email on [info@wmbiglocal.org](mailto:info@wmbiglocal.org)

**Email your completed application to info@wmbiglocal.org**

or post it to;

William Morris Big Local,

Big Creative Academy

38 Clifton Avenue

Walthamstow

E17 6HY

*The deadline for us to receive this application is* ***11.59pm on Sunday 15th October 2023***