

PROJECT DELIVERY PLAN - DETAILED BUDGET BREAKDOWN

# Grant Application Form

Part 2/2 Forms for the Communities' Choice grant.

# Communities' Choice Fund Part 2 Form

Congratulations on reaching **Part 2** of the Communities' Choice grant process. The People's Committee has reviewed your Expression of Interest (EOI) and would now like more detail about your proposed project. The **Part 2** Application form is your opportunity to strengthen your application, so please be sure to complete all sections in full and ensure that you return the form by the agreed deadline. This application form requires you to add more detail to your original Expression of Interest form, including:

- A clear project delivery plan.
- A realistic, fully justified budget.
- Specific examples showing how your project addresses the community priorities you selected in Part 1.

You should also explain how your proposal supports the **Marmot Principles** and the goals of the **Well-being of Future Generations (Wales) Act**, using specific examples where possible.

Please complete every section of the form. Set out the actions you will take, anticipated outcomes, how you will engage your local community, how you will monitor impact, and how you will manage funds responsibly. Refer to your Part 1 EOI where helpful to ensure consistency. Please note that you should also attach copies of all required documents, including bank statements, copies of qualification certificates or your DBS certificate where appropriate.

The information you provide will be used by the People's Committee to decide which projects are recommended for the public vote at the Community Voting Event. You should refer to your Expression of Interest form to complete the Part 2 Application form effectively.



# 1. Part 2 Applicant Information

# 1.1 Communities' Choice Area Applied to:

	Area Selected:			Unique Applic	ation Reference:	
1.2	Primary Contact Det	ails				
	Applicant Details			Registere	d Address	
	Organisation Name:			No. / Street:		
	Position / Job Title:			Local Area:		
	Contact Name:			Town / City:		
	Email:			County:		
	Phone number:			Postcode:		
1.3	Bank Account & Regis	stration Informati	ion			
	Bank Account Name		Bank Account Nu	mber	Sort Code	
	*For Registered Charities and Private Businesses only	Registered Charity No.		Compa	nies House Registration No.	
	Your Project in Mo	re Detail				
2.1	Project Title					
	The title you have provided	for your project is:				
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## 2.2 Project Overview

Describe your project, its main purpose, target beneficiaries, and expected outcomes. State your project's specific objectives, using SMART objectives where possible. (Suggested: 150 – 200 words)



	CHOICE
2.3	<ul> <li>Project Activities and Delivery Plan</li> <li>Outline the activities, services, or events your project will deliver.</li> <li>Key Milestones,</li> <li>Explain who will be responsible for delivering.</li> <li>(Suggested: 150 – 200 words)</li> </ul>
2.4	Community Benefit and Impact  Explain clearly how your project will benefit your chosen community (Communities' Choice area)  • How the project responds to the top priorities identified.  • The short-term and long-term impacts you expect to meet for individuals, groups, and the wider community. (Suggested: 150 – 200 words)
2.5	Collaborations and Partnerships Identify any community centres, groups, or other partners with whom you will work. Describe their role(s) in the project and how this collaboration will add value. (Suggested: 75 – 100 words)



		CHOICE	
I	Risk Management and Feasibility Identify any potential risks or challenges to delivering you 50 – 75 words)	ır project. Exp	ain how you will manage or reduce these risks. (Suggested
İ	Alignment with Marmot Principles Refer to the Marmot Principles and explain which principl activities promote these principles.	es your projed	ct supports and how. Give practical examples of how your
	Marmot Principle	Ticked in Part 1	How your project contributes (practical example)
	Give every child the best start in life		
	Enable all to maximise capabilities & control		
	Create fair employment & good work for all		
	Ensure a healthy standard of living for all		
	Create & develop healthy/sustainable places		
	Strengthen the role & impact of ill-health prevention		
	Wellbeing of Future Generations (WFG) Goa Justify only those you ticked in Part 1.	ls	
	WFG Goal	Part 1	Contribution (specific activity or outcome)
	A Prosperous Wales		
	A Resilient Wales		
	A Healthier Wales		



WFG Goal	Ticked in Part 1	Contribution (specific activity or outcome)
A More Equal Wales		
A Wales of Cohesive Communities		
A Wales of Vibrant Culture & Thriving Welsh Language		
A Globally Responsible Wales		

## 3. Project Timeline

Please provide a more definitive start and end date for your project and then enter the appropriate duration i.e. 3 months, 6 months, 12 months etc. If you are planning a one-off event, your timescale should consider the planning and execution of the event, taking the start date as when you will begin planning.

Start Date:	End Date:	Duration:	

## 4. Budget and Cost Breakdown

Please give an estimate of each known project cost you have included in the total amount applied for. Categorise your budget into headings such as volunteer expenses, equipment and materials, venue hire, marketing and promotion, and other delivery costs.

	Expense Type	Notes	Cost (£)
•			
•			
•			
7.			



	Expense Type	Notes	Cost (£)
1.			
8.			
9.			
10.			

Total (£)	

## 4.1 Area-Specific Costs and Justification

If your project will operate across more than one PB area, the costs should be broken down – please complete Appendix A. (**PB 2.2 – Cross-Area Application Budget Template**). Explain any variations in cost between areas. Ensure you add this appendix when submitting your application.

## 4.2 Additional Budget Information

Use this space to include any other information around in-kind contributions, match funding or other funding sources (i	if applicable)
(Suggested: 100 – 150 words)	

### **Declarations**

### 4.3 Monitoring & Evaluation

I understand that if my project receives funding from Communities' Choice, I must take part in monitoring and evaluation as agreed. Failure to do so may result in funding being withdrawn or reclaimed.

#### 4.4 Attachments and Documents Checklist

Item Included with my Application	
Constitution / Governing Document (Organisations)	



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Item Included with my Application	Tick to Confirm
Equality & Inclusion Policy	
Safeguarding Policy (If Working with Vulnerable Groups)	
Data Protection / GDPR Policy	
Recent Bank Statement / Account Verification	
Insurance, DBS, and/or Qualification Certificates (If Applicable)	
Public Liability Insurance	

#### 4.5 Declaration Statements:

My Statements	Tick to Confirm
I consent to the Communities' Choice team withdrawing this application at its discretion if necessary.	
The information in this application is true and accurate.	
• I agree to the GDPR policy and consent to scrutiny/scoring/monitoring by the People's Communities, Communities' Choice team, TVA staff, and the Senior Operational Working Group.	
• Image to Represent my project (Logo/Other Image for use in promoting your project and for the Community Voting Event)	
• I confirm that other funding sources that may be accessed to support the delivery of this project will be declared prior to acceptance of grant (terms and conditions of the grant)	

#### **Community Voting Event Attendance**

Communities' Choice is a Participatory Budgeting initiative. All funding decisions for the Communities' Choice grant will be determined by residents during a Community Voting Event held within the relevant area. By submitting this form, *you acknowledge your obligation to attend and present your project to the community at the designated event(s). Failure to attend, unless acceptable prior notice is provided, may result in disqualification from the process.* The Communities' Choice team retains the authority to withdraw applications at its discretion.

I hereby declare that the information provided in this proposal form is true and correct to the best of my knowledge. I understand that any false information may result in the rejection of this proposal.

Name:		Signature:		Date:	
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Please ensure that all sections of this form are completed accurately before submission. Incomplete forms may not be considered for funding. Thank you for your commitment to improving your community through the Communities' Choice Torfaen PB Fund.

## 5. Submitting Your Application

Applications must be submitted to <u>communities-choice@tvawales.org.uk</u> by the deadline date: **Wednesday**, **10**<sup>th</sup> **September 2025**. Applications arriving after the pre-agreed deadline may not be considered. If you feel you will not be able to complete the form in full by the agreed date you must contact the Communities' Choice team to provide a valid reason at the earliest convenience. All supporting documentation should be attached with your application.

#### 6. Contacts:

Dan Watkins	Bailey Richardson		
Communities' Choice Coordinator	Youth & Community Support Worker		
dan@tvawales.org.uk	bailey@tvawales.org.uk		