Cambridge City Council



Area Committee Community Grants

Application Form 2023-24

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| Group name: |

Please read the **Application Information** document carefully before completing this form and contact the Grants Team on 01223 457875 or email: grants@cambridge.gov.uk with any queries, or to discuss your organisation or project eligibility if you are not clear.

**Our funding is**

* for voluntary and community organisations who can clearly demonstrate they need the funding
* to provide priority activities which will reduce social and/or economic inequality in one of the local areas (detailed on page 2 of the Application Information document)
* for activities happening during the period April 2023 - March 2024
1. **Complete the following information relating to your organisation**

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| **Organisation name in full** (as on your constitution or governing document if relevant) |  |
| **Charity and / or Company Number** if you have one |  |
| **Contact name** for this application |  |
| **Position in the organisation** (e.g., chair, treasurer, member) |  |
| **Address** |   |
| **Contact telephone number** |  |
| **Organisation email** **address** |  |
| **If you are not a formal group -** what is the name of the hosting group that has agreed to receive the funding and hold the money for you? Please ensure they also complete section 7 of this form. |  |

1. **Tell us about the activity you want funding for**

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| **2.1 What specific activity do you want funding for?** Be precise and give enough detail for us to understand what you want to do. Include what the activity is, how many sessions per annum, how often the sessions run (e.g., one off /weekly /fortnightly /monthly etc), what time are the sessions (e.g. from and to: 10am – 12 noon). |
| **2.2 Where will the activity take place? (e.g. name of venue or where the trip is to)**(Please ensure you have permission from the landowner if your activity is taking place on land you do not own. For City Council owned land, you will need to complete a ‘Notice of Intent’ and should allow 4 weeks for a decision to be made. <https://www.cambridge.gov.uk/hire-a-park-or-open-space-for-your-event>) |
| **2.3 What are the start and end dates of your activity between 1st April 2023 – 31st March 2024** |
| **2.4 Why did you decide to run this activity**? i.e. why is your activity needed? (e.g. did your members say they wanted this activity, have you done some research on why it is needed – what did this research suggest?) |
| **2.5 What is the aim/purpose of the activity?** (e.g. to reduce social isolation). What difference will it make to those who participate? How will it benefit them? Please ensure you include how your activity will reduce social and/or economic inequality |
| **2.6 Which funding priority does your project meet?** (See page 2 of the Application Information document and enter number 1-7 as appropriate) |

1. **Tell us who will benefit from the activity**

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| **3.1 Who will benefit from the activity**? (e.g. older people, children, people with disabilities) |

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| **3.2 Where do your beneficiaries live?** Put the number for each ward in the table below and the total number at the end. If you are not sure, please make a best guess. |
| **Area** | **Wards** | **TOTAL** |
| **North** | Arbury |  | East Chesterton |  | King’s Hedges |  | West Chesterton |  |  |
| **South**  | Cherry Hinton |  | Queen Edith’s |  | Trumpington |  |  |  |  |
| **East** | Abbey |  | Coleridge |  | Petersfield |  | Romsey |  |  |
| **West Central** | Castle |  | Market |  | Newnham |  |  |  |  |

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| **3.3 What are the ages of the beneficiaries?** |
|  | **Total beneficiaries for each age group** | **How many of these live in the city?** |
| Under 5s |  |  |
| 5-17 |  |  |
| 18-59 |  |  |
| 60 and over |  |  |
| **Total** |  |  |

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| **3.4 How will you target people with social and/or economic disadvantage to come to your activity?** i.e., how will you publicise and promote the activity? How will you attract new members/users? |

1. **Please tell us how you will monitor and evaluate the activity**

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| **4.1 How will you measure, record and monitor the activity?**(e.g. log/keep a record/register of who attends your meetings/events, feedback forms, verbal feedback from members). How will you know they come from the city and not from elsewhere in the county? (e.g. ask them where they live, take their postcode or part of it?) |
| **4.2 How will you know you have achieved the aim/purpose of the activity and made a difference to the participants?** (e.g. by asking members for feedback on how they benefitted from the activity – either verbally or on paper forms)**Please include how you will know that your activity is reducing social and/or economic inequality**  |

## Please tell us about the costs related to your activity

## 5.1 Expenditure - please list ALL costs for your activity (e.g., hall hire for 3 days @ £35 a day; coach hire, materials, equipment, stationery, etc.). Insert or delete rows as required. Please get actual quotes if possible. Include everything you will need for the activity, even if you are not asking us to fund it.

## We want to understand actual costs so please do NOT include “in kind” support/contributions

As part of our **monitoring**, we may ask for copies of receipts as evidence of expenditure of the activity applied for.

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| **Item of expenditure** | **2023-24 Amount**  |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total expenditure for the activity (full cost)** | **BOX A** | **£** |

**5.2 Income** – **please list ALL planned sources of income for this activity**, with amounts. Include applications to other funders e.g., grants (name each grant), donations, sponsorship, ticket sales, raffle income etc. Insert extra rows as required. Do not include “in kind” support/contributions

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Decision date** | **Confirmed Yes/No** | **2023-24 Amount** |
| Eligible reserves carried forward from your organisation |  |  | £ |
| Cambridge City Council - Area Committee grant (this application) | Spring 2024 | No | **BOX B** | **£** |
| Other grants |  |  |  |
| Contributions from members for sessions |  |  | £ |
| Contributions from members for trips |  |  | £ |
| Donations |  |  | £ |
| Income from bingo, raffle etc |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
|  |  |  | £ |
| **Total income for the activity (anticipated)** | **£** |

|  |  |
| --- | --- |
| **5.3 Full cost of the activity** *Enter figure from* ***Box A*** | **Amount requested from Cambridge City Council** *Enter figure from* ***Box B*** |
| **£** | **£** |

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| **5.4 What is the organisation name on the bank account that the funding will be paid into?** |

1. **Application documents – tell us if your organisation has the following:**

**Please send copies of the documents below that the organisation holds even if previously sent to us as we need to ensure all of our records are up to date.**

**Policies:** If you do not have policies contact us to discuss this further, or if you need help developing appropriate policies see the Application Information document.

**Financial Information:** You must send the accounts and bank statement otherwise this will prevent your application from being processed. If you are a new group contact us to discuss what financial information you need to provide.

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| **Document** | **YES** | **NO** |
| Latest set of annual accounts |  |  |
| Full organisation current year budget |  |  |
| Full organisation budget for your next financial year (if different to Q5) |  |  |
| Latest bank statement with your group name on it (photocopy, scan, screen shot) |  |  |
| Constitution / Governing document / set of rules |  |  |
| Insurance (photocopy, scan, screenshot) |  |  |
| Health and Safety Policy (including a risk assessment)  |  |  |
| Equal Opportunities or Equality and Diversity Policy |  |  |
| Safeguarding or Child Protection Policy (if you work closely with children) |  |  |
| Adult Safeguarding Policy (if you work closely with vulnerable adults) |  |  |
| Environmental/Green policy  |  |  |
| Data Protection Policy |  |  |
| If you have paid staff, do you pay the Real Living Wage? (<https://www.cambridge.gov.uk/living-wage>)  |  |  |

1. **Declaration and Signature**

## I am the contact named in Section 1 and I am authorised to sign this on behalf of the organisation.

## I confirm on behalf of the organisation that we:

1. state that all answers to the questions on this form are correct to the best of our knowledge
2. have read and agree to be bound by the funding information provided by Cambridge City Council in the application documents and will ensure that all the organisation’s management committee and/or staff and relevant volunteers are aware of their contents
3. undertake that any funding made available by the Council, or such part of it as the Council may determine, shall be repaid if the organisation:
	1. is found to be in breach of the conditions that apply to the funding
	2. does not spend the grant on the purpose allocated
	3. becomes insolvent or closes down
4. understand that, as the grant comes from public funds, we must inform you of any surplus made from the activity and you reserve the right to require us to pay back all or part of the grant
5. understand that this grant will not be used in any way to promote a political or religious organisation or to generate private gain. The organisation will also take care to avoid giving the impression that it supports any political party or candidate in an election and will not give publicity to political parties or to individual politicians or candidates in the six-week period leading to an election
6. understand that special conditions may be attached to the award of any funding and that Cambridge City Council will require information for monitoring and evaluation purposes
7. acknowledge that grants are issued for a twelve-month period and there is no commitment by the Council to continue funding after that period is over or to sustain a grant at the same level as that of a previous year
8. acknowledge there is no appeal process against funding decisions

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|  | **Delivery Group** |  **Hosting group\*** |
| To be completed by the group delivering the activity  | Only to be completed if a hosting group will hold funding on behalf of the delivery group |
| **Full name of Group/Organisation** |  |  |
| **Signed for and on behalf of above Group/Organisations**(please add your electronic signature or type your name) |  |  |
| **Name and position in Group/Organisation**  |  |  |
| **Date** |  |  |

1. **Submitting your application**

Please return the completed application form and supporting documents by the deadline stated in the Application Information guidance, by email to: grants@cambridge.gov.uk.

If you are unable to complete and send the form electronically contact us on 01223 457875.

**\*Groups agreeing to host funds on behalf of the delivery group** must either email the completed application form back, be copied into the email by the delivery group or send an email confirming they are in agreement with the contents of the form.