

EAST STAFFORDSHIRE COMMUNITY SAFETY GRANT

Grant Application Form

You must complete all sections of this application form and ensure all of the required documentation is included.

A. Contact information

1. Your Organisation

Name and Address of Organisation:

Charity number if applicable:

Postcode:

Tel.

E-mail:

2. Details of contact person for project

Name:

Position:

Telephone:

E-mail:

3. Bank details for your organisation for payment of the grant

Account name:

Account number:

Sort code:

B. About Your Project

4. Project timescales

Start date:

Completion date:

Note: No work should be started before any grant has been approved. Retrospective project funding is not available

5. **Project description** (please include details about what you will do, who will be involved, why is it needed etc.)

6. **Who will this project benefit?**

7. **Which of the East Staffordshire Community Safety priority themes does your project support? Tick all that apply.**

Domestic Abuse	<input type="checkbox"/>
Antisocial behaviour	<input type="checkbox"/>
Public place violence including youth violence	<input type="checkbox"/>
Community cohesion and tackling extremism	<input type="checkbox"/>
Vulnerable persons	<input type="checkbox"/>

8. **Project Outcomes** - How will you know your project has been a success?

C: Project Funding

8. How much funding are you applying for?

£

10. Please detail how the money you are applying for will be spent?

Item	Cost £
<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"/>
Total Project Cost	<input type="text"/>

11. Please state any other the sources of funding for your project

Grants	
<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"/>
Total Funding Secured	<input type="text"/>

D: Applicant Declaration

9. Declaration

Note: This section must be completed otherwise your application will not be considered)

I declare that to the best of my knowledge the information given in this application and its supporting material is correct. I have read the notes and conditions and understand that by signing this form I accept and agree to abide by all these conditions.

I understand there is a requirement to maintain financial and supporting records and to make them available to internal audit, East Staffordshire Borough Council, when necessary.

Name and Position in the Organisation:	
Organisation:	
Tel.	Email:
Signature:	Date:
Grant Application Checklist:	
Quotes for items that will be purchased with the grant (at least three quotes required for items over £3k)	<input type="checkbox"/>
Copy of the most recent annual submitted accounts	<input type="checkbox"/>
Copy of the latest bank / building society statement	<input type="checkbox"/>
Copy of policies relevant to your application e.g. Safeguarding	<input type="checkbox"/>
Copy of Constitution, if applicable	<input type="checkbox"/>

Please return this completed form, together with all supporting documents to:

Joanne Barrington, Partnerships Officer:

Email: joanne.barrington@eaststaffsbc.gov.uk

Personal information is retained only for the purpose of this process and not shared with any other organisation.