**COMMUNITY ORGANSING PROJECT AWARDS 2019/20**

**APPLICATION FORM**

***Please read the accompanying guidance notes before completing this form.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organisation Information**  ***Please complete the shaded areas below*** | | | | | | |
| **1.** | | **Name of Organisation:** | |  | | |
| **2.** | | **Address:** | |  | | |
| **Email:** | | **Website:** |
| **3.** | | **Main Contact:** | |  | | |
| **4.** | | **Role:** | |  | | |
| **5.** | | **Telephone:** | | **Mobile:** | | **Work:** |
| **6.** | | **Specific Communication Needs: Please tick all that apply and/or complete details of any other specific needs.** | | | | |
|  | **Textphone** | | **Sign language** | | **Other language (please specify)** | |
|  | **Other Need (please specify)** | | | | **No Specific Communication Needs** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Information**  ***Please complete all shaded areas below*** | | | |
| **7.** | **Project Title:** |  | |
| **8.** | **Tell us about the project/activities you are planning:(e.g. overall aim, objectives and outcomes)** | | |
|  | | | |
|  | **What is the timescale of your project?** | | |
| **Start Date:** | | | **End Date:** |
| **9.** | **How will you monitor and evaluate this project? (e.g how will success be measured?)** | | |
|  | | | |
| **10.** | **How many people will benefit? (e.g numbers, gender, ages, ethnicity, disabilities)** | | |
|  | | | |
| **11.** | **Amount Requested:** | **£** | |
| **12.** | 1. **How will the grant be spent? (include a breakdown of expenditure)** | | |
|  | | | |
|  | 1. **How will you ensure sustainability of this project once this funding ends** | | |
|  | | | |
|  | 1. **What are your other sources of funding for this work and if you have already received any funding to support it?** | | |
|  | | | |
| **13.** | **Are there any risks associated with your project and how will you manage these risks? (e.g. lone working, health and safety or children/adult safeguarding)** | | |
|  | | | |
| **14.** | **How have you involved the East Wycombe community in the planning of the project?** | | |
|  | | | |
| **15.** | **Which other organisations have been involved in or consulted about the project? (e.g. Bucks County Council, Clinical Commissioning Group (CCG), Community Impact Bucks, Marsh and Micklefield Big Local, Red Kite Community Housing, Wycombe District Council)** | | |
|  | | | |
| **16.** | **Please provide evidence the relevant policy and procedures are in place e.g. financial regulations, health and safety risk assessment, insurance cover and DBS checks** | | |
|  | | | |

**Please post or email this completed application form marked for the attention of:**

**Business Support Officer**

**Public Health G03**

**Bucks County Council**

**County Hall**

**Walton Street**

**Aylesbury**

**HP20 1UA**

**Send your application by post or email:** [phadmin@buckscc.gov.uk](mailto:phadmin@buckscc.gov.uk) **by one of the following dates:**

* **29 March 2019**
* **28 June 2019**
* **27 September 2019**

**Date application submitted:**

**OFFICE USE ONLY**

**Date application received:**

**Panel decision (circled): Successful Unsuccessful**

**Date organisation informed of panel decision:**

**Revised: February 2019**