

**For office use only**

Application Ref No.

Organisation Ref No:

Date of receipt:

Amount Requested £:



## CC1 - COMMUNITY CHEST APPLICATION FORM

1. To determine the eligibility of your project, please read the accompanying guidance (CC2) before completing your application form.
2. An example application form (CC3) is attached and shows what information should be included within your application.
3. You must complete all of the questions on the form. Incomplete forms will be returned and only re-submitted into the appraisal process once complete. This may result in your application having to be considered within the next bidding round.
4. Please address any enquiries about the completion of this form to the Community Engagement Team on 01924 306769 or via email to [communitychest@wakefield.gov.uk](mailto:communitychest@wakefield.gov.uk)
5. When completed, please send this form and any **supporting documents** to:

Community Engagement Team, Wakefield Council, Room 55, County Hall, Bond Street, Wakefield, WF1 2QW.

### SECTION A – ABOUT YOUR ORGANISATION

**A 1. What is the name of your organisation?**

If your organisation has been known by any other name please state:

**A 2. What is the purpose of your organisation?**

**A 3. Please provide the address of your organisation:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel Number: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website (if you have one): \_\_\_\_\_

**A 4. Please give the name of the person dealing with this application, and their position within the organisation:**

This must be the person with whom the project can be discussed and queries raised.

**A 5. What is the legal status of your organisation?**



Please tick those that apply

Community group, club, society or association

Registered Charity

No:

Community Interest Company

Company Limited by Guarantee

Part of a large Regional or National Organisation

Religious Organisation

Other - please specify

You must submit a recent signed copy of the documents used to govern your organisation (e.g. constitution, articles of association or memorandum of agreement).

A 6. When was your organisation formed? \_\_\_\_\_ (date)

When was the constitution adopted? \_\_\_\_\_ (date)

Does your organisation have a management committee?

Please tick

Yes

No

Please give the names of the people in charge of your organisation i.e. from the management committee, Board of Directors, etc.

A 7. Has your organisation or the project received a Community Chest grant in the past?

Yes

No

If yes, please provide the following information :

Most recent project reference number

The date of the last award

The value of the grant

Is the project complete

Yes

No

Did you provide full evidence of expenditure?

Yes

No

A 8. Where did you hear about this grant?

Citizen Magazine

Councillor

Council Officer

Leaflet / Poster

Local Press

Word of mouth

Other – please specify

## SECTION B – ABOUT YOUR PROJECT / SCHEME

**B 1. What is the title of your project or scheme?** (in no more than five words)

**B 2. Which Ward will benefit from your project?**

Please refer to section B2 of the Guidance Notes

**B 3. What are you proposing to do with the grant? Please describe your project / activity.**

**B 4. What is the timescale for your project?**

Proposed Start Date	End Date	Financial Completion By (3 months after end date)

Please note that your receipts must be supplied no more than 3 months after the project has completed. Failure to provide evidence of expenditure may result in clawback.

**B 5. Where will the project take place? (if this is different to the organisation address)**

Location / address:

**B 6. Grant requested from Community Chest (amount):**

£

(N.B the maximum grant allowed is £1,000)

Please list the items of expenditure, which, if approved, the grant will pay for. Please refer to the Guidance Notes to determine which items are eligible.

Breakdown of Costs Per Item	Cost of item £ (including VAT)	Quote/ Estimate Included <input checked="" type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
<b>Total cost to Community Chest</b>	£	

All items must not have been paid for already. Community Chest cannot pay out against retrospective costs.

Independent estimates must be provided where appropriate (photocopied catalogue pages, are acceptable).

**B7. a) Have you or do you intend to apply for funding from other funding organisations, for the same costs/project?**

If so, please give further details about the status of your application:

Funding received from:	Amount £
Funding you have been awarded but not yet received:	
Funding you have applied for:	

**b) What do you intend to do if you are awarded funding for the same costs/project from multiple funding sources?**

**B8. If your project costs more than the funding you are seeking from community chest, where is this money likely to come from?**

	<b>Amount (£s)</b>	<b>Please indicate if this funding has been secured. <input type="checkbox"/> or <input type="checkbox"/></b>
<b>Overall cost of project if larger than total cost to community chest</b>		<input type="checkbox"/>
<b>Please list the funding sources and their contributions to the project</b>		<input type="checkbox"/>

**B 9. What will happen if you are unable to secure all of the funding you need? Will the activity / project go ahead as described or will it need to be changed in any way?**

**B 10. How will you manage this project once the community chest funding has ended?**

**B 11. Please name any Wakefield Council officers or elected members who are assisting with this project.**

## SECTION C – WHO WILL BENEFIT?

We require this information to ensure that Community Chest grants are available to all sections of the community in an open and accessible manner.

### C 1. Project Impact

a. Approximately how many people will access / benefit from your project?

\_\_\_\_\_

b. Will specific groups of the community be targeted? \_\_\_\_\_

c. Can anybody take part in your project, regardless of race, gender, religion or disability?

Yes

No

If no, please specify why:

d. How will you show that the activity / project have made a difference and that you have achieved what you set out to do?

C 2. If successful in obtaining funding from the community chest we ask that you recognise the funding provided through press releases, photographs etc.

How will you do this?

## SECTION D – LEGAL DOCUMENTS

### D 1. Safeguarding Children, Young People and Vulnerable Adults

a) Does your project involve work and / or contact with children, young people under the age of 18 or vulnerable adults?

Yes

No

If no, please go to question D2

If yes, as a minimum we expect you to:

- Have a senior manager who is committed to children and young people's wellbeing and safety
- Have safeguarding policies in place that are appropriate to your organisation's work and the project for which you are seeking Community Chest Funding
- Have procedures of how to safeguard and promote the welfare of children, young people and vulnerable adults, including procedures for dealing with allegations of abuse against members of staff and volunteers
- Have effective recruitment and human resources procedures, including checking all new staff and volunteers to make sure they are safe to work with children, young people and vulnerable adults
- Child Protection Training, whether new or 'refresher' training, must be undertaken within 3 years prior to your application.
- Renew criminal record checks at least every three years
- Provide child protection training and health and safety training or guidance for staff and volunteers. This should be in line with your safeguarding training plan.

b) Does your organisation meet the above minimum requirements?

Yes

No

c) Please provide certificates, registration or inspection details (such as child protection training, OFSTED or Care Quality Commission) to evidence that you meet the above minimum requirements:

## D 2. Health and Safety

Are there any health and safety implications relating to this project?

Yes

No

If yes, have you carried out a risk assessment?

Yes

No

Please provide relevant details below:

## D 3. Insurance

Does your organisation have insurance cover to undertake the proposed activity?

Yes

No

Not Applicable

If Yes, please tick below, according to the type of insurance and send a copy of your certificate(s) with this form.

Public Liability

  

Buildings Insurance

Contents Insurance

  

Employee Liability

Other (please specify) \_\_\_\_\_

Have you applied for insurance for this event and been refused?

Yes

No

Please provide details below:-

**STATEMENTS OF AGREEMENT**

**Terms and Conditions**

**I / We have read and understand the terms and conditions of the Wakefield Community Chest Grant. We agree to provide all necessary documentation for verification prior to consideration of funding and to provide regular project feedback and financial monitoring information as required.**

**I / We also understand that Wakefield Council could require all or part of the approved funding to be repaid. This is known as “clawback”. Clawback can be enforced by the Council where the organisation fails to comply with the terms of the Application/Agreement (CC1) and the terms and conditions in the Guidance (CC2). The Council can enforce clawback when the funding has been used for purposes other than those specified in the application, where duplicate funding is received by the organisation from other funding bodies or where the organisation does not provide evidence of spend for all monies approved.**

**Please note that if you do not sign the declaration below we will not be able to assess your application for a Community Chest Grant.**

**Data Protection Statement**

**The information requested on this form is required by Wakefield Council in order to assess whether or not a Community Chest grant can be awarded. The information will be shared with the members of the Community Chest Team, Elected Members and will be subject to Community Chest Panel information protocols underpinning the formal decision making process.**

**We understand that Wakefield Council is required by law to protect the public funds it administers and to this end may use and share the information provided on this form for the prevention and detection of fraud.**

**I confirm I have read the above Terms and Conditions and the Data Protection Statement.**

**Signature:**

**Date:**

**Name (Block Capitals):**

**Guarantor for  
Organisation and on  
behalf of:  
(organisation name)**

**SECTION E – APPROVALS**

**LOCAL WARD COUNCILLOR APPROVAL**

Name of Local Ward Councillor:

I declare that I have / do not have\* an additional interest in this group.

This interest takes the form of:

Prejudicial Interest

Personal Interest

I approve / do not approve\* this application

Signature \_\_\_\_\_

\*please delete as appropriate

Name of Local Ward Councillor:

I declare that I have / do not have\* an additional interest in this group.

This interest takes the form of:

Prejudicial Interest

Personal Interest

I approve / do not approve\* this application

Signature \_\_\_\_\_

\*please delete as appropriate

Name of Local Ward Councillor:

I declare that I have / do not have\* an additional interest in this group.

This interest takes the form of:

Prejudicial Interest

Personal Interest

I approve / do not approve\* this application

Signature \_\_\_\_\_

\*please delete as appropriate

**Councillors can indicate their support for your project by signing the above form or by sending you an email.**

**Please attach any supporting emails to your application.**

# Checklist

## Have you enclosed?

1. A copy of your organisation's constitution, articles of association, or memorandum of agreement as outlined at Question A5.	Yes / No
2. Your latest audited accounts or bank statements sought at CC4 – BACS Bank Form.	Yes / No
3. Costings and quotes, where applicable to support your application as requested at question B6.	Yes / No
4. Relevant Insurance Certificate(s) (if applicable) as asked for at question D3.	Yes / No
5. Child Protection Certificate, registration and inspection details (if applicable) and evidence of Criminal Bureau Records as outlined at question D1.	Yes / No
6. Letters confirming any other Match Funding as completed at question B8.	Yes / No
7. Any further supporting documentation.	Yes / No

**Signature:**

**Date:**

On behalf of  
(Organisation):

**Please note that failure to submit documentation will lead to your application being delayed.**

## CC4 BACS BANK FORM

Please complete the form below and return it with your application form to:

Community Chest Team,  
Room 55, County Hall,  
Wakefield, WF1 2QW.

**If this is not possible, please provide details of the organisation for which a cheque can be made payable. Please note cheques cannot be made payable to an individual.**

Your organisation's name	
Address	
Post code	
e-mail address (if applicable)	

Your bank's name	
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Bank sort code (six digits)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Bank account number (eight digits)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account name	
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This must be in the name of the organisation not an individual.

Authorised signature	
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The information provided on this form may be shared with other organisations for the prevention and detection of crime.