

Application No.

COMMUNITY CHEST
APPLICATION FORM

Notes

1. Please ensure you fully read the supporting guidance before completing your application form to ensure the eligibility of your project.
2. If you require further copies please contact the Neighbourhoods team on 01924 305718 or email engagement@wakefield.gov.uk
3. Please send completed form and **supporting documents** to:
The Neighbourhoods Team, Room 14, Town Hall, Wood Street, Wakefield WF1 2HQ

1. Project Title:
2. Ward (please see attached): _____
3. Name of Organisation: _____
4. Contact details for organisation: Name: _____ Address: _____ _____ Tel Number: _____ Email Address: _____
5. Position Within Group: _____

6. Grant required (amount):

£

Please list the items of expenditure, which the grant will pay for

Item	Cost of item £
	£
	£
	£
	£
	£
	£
	£

Independent estimates (where appropriate) – photocopied catalogue pages, are acceptable

7. Total cost of project if this is greater than the amount applied for from Community Chest.

£

List any other funding you have received or been promised for this project

8. Details (including supporting documentation) of the project:

9. This section gives you the opportunity to show how your project matches the eligibility criteria as outlined in the criteria document? (You may wish to consult the Neighbourhoods team before completing this section):

a. How do the objectives of your project link to the key themes in Wakefield District Community Strategy 2006 - "Developing Knowledge Communities"?

b. Which groups of the community will have access to, or benefit from, the project?

c. How will you manage this project once funding has ended?

d. How many workers within the project will be working with children, young people under the age of 18 or vulnerable adults?

If none, please ignore all further questions in this section

If your project involves working with children, young people under the age of 18 or with vulnerable adults, please answer the rest of the questions in this section.

i. Have any of the project leaders attended recognised child protection training?

YES / NO

ii. If Yes, Is that person willing to be the Child Protection Project Contact for the project?

YES / NO

iii. If the answer to ii. is Yes, please complete the details:

o Which organisation carried out the training: _____

o Date of training: _____

o Details of the person who attended the training:

Name: _____

Address: _____

Tel Number: _____

Email Address: _____

iv. If none of your project leaders have attended recognised child protection training, or the trained person is not willing to be the Contact for your project, please provide the contact details of a person who has agreed to attend training:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

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

YES / NO

If yes, have you carried out a risk assessment?

YES / NO

f. Is there appropriate Public Liability Insurance cover, if applicable?

YES / NO

10. If Successful in obtaining funding through the community chest will you be giving any recognition to the funding you have received through the community chest, i.e. Press releases, photographs etc.

YES / NO

If yes would you be able to forward copies

STATEMENTS OF AGREEMENT

Terms and Conditions

We have read and understood the terms and conditions of the Wakefield Community Chest. 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.

We understand that any grant awarded may be subject to attendance at Child Protection Training and that repayment of funds may be required if this is not carried out in a satisfactory manner.

Data Protection Statement

The information requested on this form is required by the City of Wakefield Metropolitan District 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 Neighbourhoods team and will be subject to Cabinet information protocols underpinning the formal decision making process.

Your approval to share this information is requested. Please note that if you do not give your approval we will not be able to assess your application for a Community Chest grant.

We hereby give approval for the City of Wakefield Metropolitan District Council to share appropriate information on this form with the members of the Neighbourhoods Team and Cabinet in connection with assessment for a Community Chest grant.

Signature: _____ Date: _____

On behalf of
(Organisation): _____

Local Ward Councillor Signatures (if possible)

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

BACS BANK FORM

Please complete the form below and return it to:

Neighbourhoods Team
Room 14
Town Hall
Wakefield WF1 2HQ

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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Authorised signature	
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The information that you have provided on this form will only be used for the purposes of handling payments made to you. The information will not be made available to a third party.

Checklist

Have you contacted any of your local councillors about this application? _____	Yes / No
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Have you enclosed:

Copy of the constitution of the organisation or, if not available, a statement of the aims and objectives of the organisation	Yes / No
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Most recent statement of accounts/bank statement	Yes / No
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Costings and quotes, where applicable to support your application	Yes / No
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Public Liability Insurance Certificate (if applicable)	Yes / No
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Child Protection Certificate (if applicable)	Yes / No
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Have you had a community chest grant previously?	Yes / No
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Date awarded		Amount awarded	
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Signature: _____ **Date:** _____

On behalf of
(Organisation): _____

