Kirkby Neighbourhood Community Fund 2022

Application Form

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| Please read the application guide before completing this application form.Questions in the application form should be answered by typing directly into the fields next to the questions. If you are unable to type into the form, then handwritten forms will be accepted.Please return the form, along with supporting documents to **kirkbyfund.uk@suez.com** or **Kirkby Neighbourhood Community Fund, SUEZ Recycling and recovery UK, Springfield House, Lower Eccles Hill Road, Darwen, Lancashire BB3 0RP.** The deadline for all applications is **5pm on Friday 22 July 2022** |

## SECTION ONE: Applicant Information

This is the information about your group / organisation, and who will be the main contact for the project.

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|  | GUIDANCE NOTES |
| 1 | Name of your group / organisation | Click here to enter text. | This is the organisation which will take legal responsibility for the project if the application is successful and will sign the Funding Agreement. |
| 2 | Applying group / organisation's main address | Click here to enter text. | This is the registered address of the organisation with whom a Funding Agreement will be signed if the application is successful. It may be a different address to the one used for correspondence with the main contact which is requested below. |
| Questions 3 to 10 ask for details of the person who will be the main contact for all correspondence relating to your application. |
| 3 | Main Contact Title | Click here to enter text. | i.e. Mr, Mrs, Dr etc. |
| 4 | First Name | Click here to enter text. |
| 5 | Last Name | Click here to enter text. |
| 6 | Position | Click here to enter text. | e.g. Secretary, Treasurer, Chair Person |
| 7 | Main contact and correspondence address | Click here to enter text. | This should be the address of the main contact and will be used for all postal correspondence relating to the application. Please leave blank if this address is the same as provided in Q2. |
| 8 | Main contact telephone number | Click here to enter text. |
| 9 | Alternative main contact telephone number | Click here to enter text. | Please provide a second telephone number - this could be a mobile number or somewhere we can leave a message. |
| 10 | Main contact email address | Click here to enter text. | Please provide an email address which we can use for correspondence. |
| 11 | Organisation / group’s website or any other internet presence | Click here to enter text. | If the group does not have its own webpage it might a have a Facebook page or be mentioned on other organisations websites. |
| 12 | Please provide a brief description of the applying group / organisation, including the type of organisation and the year it was established.  | Click here to enter text. | It would be helpful if you listed the main objectives of your group / organisation. |
| 13 | Charity number and / or company number | Click here to enter text. | If applicable – please note this is not essential for the possible provision of funding. |
| 14 | Does your organisation have the following policies / documents?If the response is yes – please supply copies of the documents with your application. |  | Yes | No | Please click to mark the boxes with ‘x’ to indicate as appropriate. This is a set of rules for your group. |
|  |  | A formal constitution | [ ]   |[ ]   |
|  |  | A health and safety policy |[ ] [ ]   |
|  |  | A safeguarding policy |[ ] [ ]   |
|  |  | Public liabilities insurance |[ ] [ ]  This is required if you are working with children, young people or vulnerable people  |
|  |  | An equal opportunities policy |[ ] [ ]   |
|  |  | An environmental policy |[ ] [ ]   |
| 15 | Please provide the name, position and contact details for two other members of your group / organisation who are aware of this request for funding (i.e. Chairperson, Secretary, Treasurer, Committee Member, Trustee etc.) | **Contact one** |  |
|  |  | Name | Click here to enter text. |
|  |  | Position | Click here to enter text. |
|  |  | Email Address | Click here to enter text. |
|  |  | Telephone Number | Click here to enter text. |
|  |  | **Contact two** |  |
|  |  | Name | Click here to enter text. |
|  |  | Position | Click here to enter text. |
|  |  | Email Address | Click here to enter text. |
|  |  | Telephone Number | Click here to enter text. |

## SECTION TWO: About Your Project

This section is an opportunity to give us some detail about your project and what you are hoping to achieve.

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| 1 | What is the name of the project you are asking us to fund?  | Click here to enter text. | Please tell us the name of your project. i.e. Community Centre Kitchen Renovation |
|  2 | Which ward area(s) of Kirkby neighbourhood will your project primarily benefit? | Northwood | [ ]  | Please mark the boxes with ‘x’ to indicate as appropriate. |
| Cherryfield  | [ ]  |
| Shevington | [ ]  |
| Whitefield | [ ]  |
| Prescot North (Knowsley Village) | [ ]  |
| 3 | Where will your project be delivered from? | Click here to enter text. | This is the location of your project. Please give a specific address and postcode if possible |
| 4 | Which of the funding themes does your project primarily contribute towards? | Click here to enter text. | Please state one of the following funding themes:* Community Improvement
* Health & Wellbeing
* Environmental improvement
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| 5 | Please provide a description of your project. | Click here to enter text. | This is your main chance to explain your project.* Tell us about the piece of work you are asking us to fund and who the project will benefit
* What are the aims of your project?
* How does the project meet the objectives of the funding theme? (see the application guide)
* How do you know that your project is needed?
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| 6 | Please estimate how many people in total will benefit from the project and tell us who they are. | Click here to enter text. | For example 20 older people or 100 residents of Kirkby. |
| 7 | How are you going to advertise your project? | Click here to enter text. | It is important that local people are aware of the project so it must be advertised widely. |
| 8 | Anticipated project start date (month/year) | Click here to enter text. | Please note that projects must start within 3 months of a funding offer being made. |
| 9 | Anticipated project end date (month/year) | Click here to enter text. | Please note that projects must be completed within 12 months of a funding offer being made. |
| 10 | Is planning permission or any other form of consent required for the project? If yes, please describe. | Click here to enter text. | Please give details of any permissions or consents that are required and information relating to the progress of obtaining any required permissions or consents. |
| 11 | How will you measure the impact of your project | Click here to enter text. | How will you know you have made a difference? How will you show your achievements? |

## SECTION THREE: Financial Information

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| 1 | Does your group / organisation have a bank/building society account in its own name? | Click here to enter text. | Please answer Yes or No |
| 2 | If ‘yes’ to question 1, do cheques have to be signed by two signatories? | Click here to enter text. |  |
| 3 | Does your group / organisation keep formal financial records and produce annual accounts? | Click here to enter text. | Please answer Yes or No |
| 4 | Please give us the details of the group’s Bank / Building Society Account into which we should pay a grant if you are successful. | Name of Account | Click here to enter text. |
| Bank / Building Society Number | Click here to enter text. |
| Account Number | Click here to enter text. |
| Sort Code | Click here to enter text. |

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| 5 | BUDGET: Please list the elements of the project that you are asking us to fund | Item (i.e. new tables, re-lay entrance pathway) | Cost (£) |
| Click here to enter text. | £ enter amount |
| Click here to enter text. | £ enter amount |
| Click here to enter text. | £ enter amount |
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| Click here to enter text. | £ enter amount |
| Click here to enter text. | £ enter amount |
| Click here to enter text. | £ enter amount |
|  | Total funding requested | £ enter amount |
| 6 | If parts of the project are being funded from another source, please give details here. | Item | Cost (£) | Where is the money coming from? |
| Enter text. | £ enter amount | Enter text. |
| Enter text. | £ enter amount | Enter text. |
| Enter text. | £ enter amount | Enter text. |
| Enter text. | £ enter amount | Enter text. |
|  | Total | £ |
| 7 | Have you applied for funding anywhere else for this project? | Click here to enter text. | If yes please provide details |

## SECTION FOUR: Additional Information or Comments

If you would like to provide additional information or comments to support your application, please do so here.

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| Click here to enter text. |

## SECTION FIVE: Declaration

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| Please confirm on behalf of the applying organisation detailed in Section 1, that you are duly authorised to submit this application and that, to the best of your knowledge and belief, all answers to the questions are true and accurate. | Name | Click here to enter text. |
| Position | Click here to enter text. |
| Date | Click here to enter text. |

## SUBMITTING YOUR APPLICATION

If you have completed this application electronically, please email it to**kirkbyfund.uk@suez.com**

If you have completed a hard copy, please post it to **Kirkby Neighbourhood Community Fund, SUEZ Recycling and recovery UK, Springfield House, Lower Eccles Hill Road, Darwen, Lancashire BB3 0RP**

The deadline for all applications is **5pm on Friday 22 July 2022.**

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| *The Kirkby Neighbourhood Community Fund is funded and managed by Merseyside Energy Recovery Limited (MERL).* *MERL is the organisation appointed by Merseyside Recycling & Waste Authority (MRWA) to treat Merseyside and Halton’s residual waste. SUEZ recycling and recovery UK is both one of the shareholders in MERL and the operator of the service.* |