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| Date received | Our reference  |
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# LleCHI LleNI Community Grants Application Form

## Full application form for grants over £1,000

**For applications from £1,001 to £10,000** (separate form available for grants up to £1,000)

## Before submitting this application, please ensure that you take the following steps:

* read the grant guidelines and terms and conditions which can be found on the website
* discuss your application in advance with; Lucy Thomas; llechi@gwynedd.llyw.cymru / 07785 469867
* sign the declaration on part 7 of this form.

## Part 1: Your Details

|  |  |
| --- | --- |
| Name of organisation (or lead partner of joint application) |  |
| Official or registered address |  |
| Postcode |  |
| Email |  |
| Name of main contact |  |
| Position |  |
| Correspondence address if different from official or registered address |  |
| Postcode |  |
| Phone number  |  |
| Registered charity number (if applicable)  |  |
| Registered company number (if applicable)  |  |
| Are you registered for VAT? |  |

## Part 2: About Your Group or Organisation

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| Give a brief description of your organisation and its purposes (max 200 words) |
|  |
| Does your organisation have a constitution? If yes, please give details or attach a copy. |
|  |
| Does your organisation have annual accounts? If yes, please attach a copy |
| What type of group / association are you? (e.g. voluntary or community group, school, parish or town council, registered charity, limited company, social enterprise or other non-profit organisation, chapel or church group, private individual, other (please specify)) |
|  |
| If you are applying as a partnership, please provide details of the partnership and all those involved, including: organisation names, role in the project, contact name and contact details for each partner |
|  |

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| Does your group, organisation or lead partner have a bank account in its name which requires two signatories to authorise payment? |  |
| Name of group treasurer or the person responsible for finance |  |
| Account name |  |
| Bank name and address |  |
| Bank sort code |  |
| Bank account number |  |

## Part 3: About Your Project

3.1. Name of your Project

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3.2. Describe your proposed project and its core activities. (max 300 words)

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3.3. What will the benefits of the scheme be? You could think about the priority aims of this scheme which are listed in the grant guidelines and tell us which of these priorities your project will address and how (350 words max)

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| *Describe how your project will make a difference to heritage, people and communities. I.e. how does your project address one or more priorities listed in the guidelines.* |

3.4 Who will benefit from your project/activity? If your project will engage with any of our target audiences listed in our grant guidelines, please let us know here:

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Please give further information on who your target audience(s) are for this project, and how you will ensure they can participate:

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| *For example, is there a specific group or school you are planning to engage in your project? How will you reach them?* |

3.5. How many people do you aim to benefit from your project?

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3.6. Explain the need or demand for your project, and why funding is required now along with evidence for this. (*You should mention details of any community consultation carried out and what support the project has received)*

 (max 200 words).

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3.7. Does your project meet the following Welsh language criteria?

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| --- | --- | --- |
|  | Yes | No  |
| Any face-to-face services or activities involving the public will be available through the medium of Welsh and English |  |  |
| The printed and/or digital material produced will be fully bilingual (this includes leaflets, brochures, web pages, signs, posters, marketing materials, publicity and display). |  |  |
| If not, please outline below how you’ll use the grant to ensure a bilingual service to the public? This can include your group’s phone and/or face-to-face services (and meetings), printed information, signs and web pages. |
|  |

3.8 Does your group have an equality policy which is committed to ensuring equality to all staff and users on the basis of language, race, disability, sexual orientation, religion or belief, age, gender reassignment, civil partnership and pregnancy and maternity?

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| Yes  |  |
| No |  |

3.9 If not, please state how the group and project ensures equal access and opportunities to all, taking into consideration all of the relevant elements of equality from those mentioned above:

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3.10 Jobs and Volunteering

Please leave blank if any of the below criteria are not applicable to your project.

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| How many people will be trained as part of your project? |
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| How many volunteers do you expect to contribute to your project? |
|  |
| How many jobs will you create to deliver your project? |
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3.11. Does your project involve working independently with people under the age of 18 and/or vulnerable adults?

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| --- | --- |
| Yes  |  |
| No |  |

If yes, please tick to confirm the following is in place:

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| --- | --- |
| All employed staff and volunteers who work with under 18s/vulnerable adults within regulated activity have an up to date DBS (CRB) check.  |  |
| DBS (CRB) checks are renewed every 3 years. |  |
| A child protection policy (if applicable) |  |
| A vulnerable adults policy (if applicable) |  |

## Part 4: Consents

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| Does your project need any permission or consent? (e.g. for buildings land or objects such as planning permission, landowner consent, environmental permits etc) |  |
| Has the necessary permission(s) been obtained? |  |
| Enter the consent / permission / license in question along with the reference number |  |

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| Part 5: Managing Your Project |

5.1 Project dates

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| Intended project start date (month / year): |  |
| Proposed project end date (month / year): |  |

5.2 Project plan

Please outline your project plan using key milestones

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| Timeline/Date | Key milestone  |
| *e.g. Week one*  | *Implement social media campaign to garner interest in project* |
| *e.g.Week two*  | *Closing date for sign up to event*  |
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5.3 Project delivery

Who will manage/deliver your project? Do they have appropriate skills and experience to deliver this work? Please supply details

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| --- | --- | --- |
| Name  | Which aspect of this project are they delivering? | Relevant training, certification etc  |
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5.4 Project legacy

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| How will you manage the project and be able to sustain your scheme after the grant funding ceases?(max 150 words) |
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## Part 6: Project Costs

6.1. How much will it cost to deliver your project? Please list below **all** expenditure (capital and revenue) that will occur in your project.

Please refer to the Guidelines for Applicants document to ensure your costs are eligible for funding.

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| **Type of resource.** Choose the following:* Labour
* Professional fees
* Equipment and materials
* Transport and accommodation
 | **Description**Where applicable, please provide quotes / cost explanation. | **Cost (£)**(only include VAT if you are unable to reclaim VAT) |
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| Total: |  |  |

6.2. Please provide details of project income. This can consist of other grants, community fundraising, your group’s reserves, and in-kind contributions (including volunteer hours - for further details on the value of volunteer hours please see the grant guidelines). This is the match funding contribution you already have or will receive to help cover your project costs. If your match funding is currently unsecured, please indicate how and by when you expect to secure this funding.

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| Funding Source | Secured Y/N? Please give details | Value (£) |
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| Total: |  |  |

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| 6.3. Budget Summary |
| Total project cost (total from 6.1) |  |
| Total project income (total from 6.2) |  |
| How much funding has been requested from the LleCHI LleNI grants ( Total from 6.1 MINUS total from 6.2 ) |  |
| Percentage of grant requested from LleCHI LleNI grants in relation to total project cost (%) |  |

Part 7: Signature and Declaration **(to be signed once all other parts of the form have been completed)**

* I declare that the information on this application form is correct and that we as a group agree to accept the conditions on which the LleCHI LleNI grants are awarded by Cyngor Gwynedd (see grant guidelines and terms and conditions for more information)
* I agree that you can check the information in it and any supporting documents with other people and organisations.
* My organisation has the power to accept a grant, under your terms, and the power to pay back the grant if the terms are not being met.
* I understand that any misleading statements (whether deliberate or accidental) I give at any point during the application process, or any information I knowingly withhold, could mean my organisation’s application is not valid, in which case you will cancel the grant and claim back the money we have received, stop assessing and return the application, or withdraw any grant you offered my organisation.
* I am authorised to put forward this application on behalf of my organisation.

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| Signature of main contact |  |
| Name of second contact (printed)*At least one of the signatories must be an officer on the Management Committee.* |  |
| Signature |  |
| Date |  |

## Part 8- CHECKLIST

Please go through the following checklist to ensure that you have enclosed all the information you need to make an application. Applications will not be considered if incomplete.

* A completed LleCHI LleNI grants application form that is signed and dated by an appropriate person.
* Most recent set of accounts or records of expenditure. (If you are a new organisation then a letter from your bank giving your organisation’s name and account number).
* Any necessary written permission required from land/building owner(s) if your application concerns land or buildings.
* Copy of planning permission and/or building regulations or a statement regarding the planning permission if your application concerns land or buildings.
* Child protection policy (if applicable)
* Vulnerable adults’ policy (if applicable).
* Evidence of appropriate disclosure within Disclosure and Barring Service (previously known as CRB) e.g. Name, disclosure number and date. Do not send the DBS (CRB) checks themselves. Please note that this is a legal requirement if your organisation works with children or vulnerable adults within regulated activity. See www.homeoffice.gov.uk for guidance.
* If the application is for a post you will need to include a job description, person specification and business plan showing how the post will be maintained beyond the funding period.
* Any other information regarding the proposed project you feel will support what you have included in your application form.

RETURN THIS FORM TO**:** **Cistgwynedd@gwynedd.llyw.cymru**

*Please note: We prefer to receive your application by e-mail, if possible.*

*Any personal information collected will be used solely for the purposes of administering the grant. It will not be shared outside Cyngor Gwynedd. For further information about your rights under data protection legislation, please visit the Privacy Declarations section on the Council’s website*

  