

Code Number NM:

# Application Form

## Section 1. About you and your activity

Name of Group	
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1. What kind of group are you and what do you do?

Which Community Development Worker gave you support with this application?

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2. Why are you applying for a Community Builder?  
(explain what it is you want to do and why you want to do it)

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3. How will you do it?

4. How does this project meet local need?

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5. How does this project/activity link to the key aims and themes of the Comeunity Programme?

- **Comeunity Together** (e.g. bringing different groups together, involving young people and increasing community activity):
  
- **Comeunity Opportunities** (e.g. accessing training, developing skills and raising aspirations):
  
- **Community Safety** (e.g. addressing neighbourhood problems and concerns, working to reduce the fear of crime and anti-social behaviour) :
  
- **Comeunity Pride** (e.g. Improving local environmental and communal spaces in the neighbourhood) :
  
- **Comeunity Wellbeing** (e.g. concentrating on issues of health, housing and general wellbeing):

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6. The Community Builder grant programme has 5 key objectives (see Information Pack, page 2). Please describe how your project reflects any one or more of these objectives and what difference the project will make.

7. How will this “empower local people to have a greater voice and influence over local decision making and a greater role in public service delivery”?

8. Where will the activity take place?

a) When will it start?

b) When will it finish?

9. How much will your project/activity cost in total?

£

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10. How much Community Grant are you applying for?	£
11. If your project will cost more than the grant you are applying for, where will the rest of the money come from?	
<b>12. Please attach your budget (shopping list) of the costs of your project/activity which should be in keeping with your answers to questions 9 and 10.</b>	

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## Section 2. About your group

Name of Group		
Name of Contact		
Contact Address	Post Code:	
Contact details:	Telephone number (day)	Telephone number (evening)
	Email:	
12. If you have communication needs what are they? (please tick)		
Textphone <input type="checkbox"/>	Sign Language <input type="checkbox"/>	Other Language <input type="checkbox"/>
Other (please say what)		

13. Does your group have a set of rules or a constitution? (please tick)

- Yes (please enclose a copy with your application)
- No

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14. Is your group a registered charity? (please tick)		
<input type="checkbox"/> Yes. Our registration number is: .....		<input type="checkbox"/> No
15. When did your group start?		
16. Are you part of a larger organisation? (please tick)		
<input type="checkbox"/> Yes (please give details below) we are part of:		
<input type="checkbox"/> No		
17. What part of the neighbourhood do you operate in?		
18. How many people are involved in running your group?		
a) Number of committee members:		
b) Number of paid staff:	Full Time:	Part Time:
c) Number of volunteers:		d) Number of members:
19. How much income did your group receive in the last 12 months from all sources, if any? (e.g. other grants)		£
20. Has your group produced annual accounts? (please tick)		
<input type="checkbox"/> Yes (please enclose a copy with your application)		
<input type="checkbox"/> No		

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21. Has your group got its own bank account? (please tick)	
<input type="checkbox"/> Yes (please complete Q.22)	
<input type="checkbox"/> No	
22. What is your groups bank/building society details:	
Name and address of bank:	
Name cheques should be made out to:	
Bank sort code:	Account number:
23. If you do not have a bank/building society account is there an organisation who will receive a grant on your behalf?	(Please tick) <input type="checkbox"/> Yes (please complete Q.24) <input type="checkbox"/> No (talk about this to one of the support people listed in the guidance notes)
24. What is the name and address of the organisation who will receive a grant on your behalf?	
Name and address of their bank:	
Name cheques should be made out to:	
Their bank sort code:	Their account number:

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**Please note:**

- You must provide 2 signatures in Section 3(a) below
- If you do not have a bank/building society account we will want to see a signed agreement between your group and the organisation which has agreed to accept funds on your behalf.
- If you are an organisation or group sponsoring individuals for a learning activity you must get the individuals to sign at 3(b) below

**Section 3. Signatures (must be signed by 2 people for every application)**

**a) Please provide 2 signatures of people authorised to sign for your group**

Signature	Name in BLOCK CAPITALS	Position in Group	Date

**b) If you are sponsoring individuals for a learning activity those individuals must sign here (attach extra sheet if needed)**

Signature	Name in BLOCK CAPITALS	Position in Group	Date

**Check list: Have you included all the documents asked for including:**

- Your group's rules or constitution?     Your group's annual accounts?
- Your group's Equal Opportunities Policy?
- Your group's Child Protection Policy (if working with under 18's)?

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An agreement between your group and the organisation who will receive the grant on your behalf if you haven't got a bank/building society account?

Any continuation sheets (mark each one with your group's name)?

A budget or shopping list detailing what you want to use the grant for?

**Please ensure your application is completed in full to avoid delays.**

Please return to:

Comeunity, The Neighbourhood Centre,  
143 King Street, Great Yarmouth, NR30 2PQ