

Community Fund  
2025

Application Form

**Please read guidance notes before completing this form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | |  | | | | |
| **Name of Project** | |  | | | | |
|  | | | | | | |
| ***CVS Use Only*** | | **APPLICATION NO:** |  | **Date Received** | |  |
| **Amount requested (£)** | |  |
| **Project time frame (dates from and to)** | |  |
| **Unsuccessful** |  | | **Successful** | |  | |

# Section 1 – Group and Project Details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Group** | | | |  | | | | | |
| **Name of Project/Activity** | | | |  | | | | | |
| **Where is your group based? (address)** | | | |  | | | | | |
| **When was your group established?** | | | |  | | | | | |
| **How many people are involved in the group?** | | | | **Committee** | |  | | **Volunteers** |  |
| **Paid Staff** | |  | | **Members** |  |
| **Is your group part of a larger organisation? If yes, please provide brief details.** | | | | | | | | | |
| **What does your Group/Organisation do?** (no more than 100 words) | | | | | | | | | |
| **Your group must have a set of rules, Memorandum Of Understanding or a constitution - please supply a signed copy.**  ***(If you don’t have the above, please contact CVS for support & guidance: info@bprcvs.co.uk)*** | | | | | | | | | |
| **If your project works with children and vulnerable adults your group** MUST **have procedures to cover safeguarding? (DBS with individuals if necessary)**  **Please enclose a signed copy and DBS forms if applicable.**  ***(If you don’t have the above, please contact CVS for support & guidance: info@bprcvs.co.uk)*** | | | | | | | | | |
| **Has your group received any other funding from Bradley Big Local ?** | | **Name of project/activity** | |  | | | | | |
| **Application date** | |  | | | | | |
| **Amount received** | |  | | | | | |
|  | | | | | | | | | |
| **Signature** | **Name in Block Capitals** | | | | | **Position in Group** | | | |
|  |  | | | | |  | | | |
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# Section 2 – Contact Details

(Section 2 is confidential and will be used for administrative purposes only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Name**  *Details of the person who is able to discuss this application.* | | |  | |
| **Contact’s position within the group** | | |  | |
| **Address of contact** (if different from group address)  **Postcode** | | | | |
| **Preferred contact**  Please enter your preferred method(s) of contact | **Email** |  | | |
| **Home** |  | | |
| **Work** |  | | |
| **Mobile** |  | | |
| **Group Bank/Building Society Name** | | |  | |
| **Address**  **Postcode** | | | | |
| **BACS (bank transfer) details:** | | | **Account Name** |  |
| **Sort Code** |  |
| **Account Number** |  |
| **You must have a bank account with at least two unrelated signatories** | | | **If you do not have your own bank account and wish to use an umbrella organisation to manage this fund – \*please contact CVS\*.** | |
| In accordance with GDPR the data you have provided will be stored safely and securely in BPRCVS’ file storage. The purpose of this data is for BPRCVS to access group/organisation details, including contact details, to determine the award of funding and inform of the decision. Your records are completely confidential and only BPRCVS staff and relevant volunteers will have access to them. We are required to share this data with the named funder for monitoring and evaluation purposes. No information will be shared with other third parties without prior agreement. BPRCVS will store this data no longer than our funder’s requirements. To view your rights as the Data Subject please visit BPRCVS’ privacy policy at [www.bprcvs.co.uk/index.php/privacy-policy](http://www.bprcvs.co.uk/index.php/privacy-policy), printed copies available on request. | | | | |

# Section 3 – Project Details

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| --- |
| Name of project/activity |
|  |
| What is your project / activity going to do? (no more than 300 words) |
|  |
| Who and how many individuals will benefit from the project/activity? (if individuals are gaining qualifications what are they.) (no more than 100 words) |
|  |
| How do you know there is a need for your project? (no more than 150 words) |
|  |
| What consultation have you carried out? Please provide evidence your consultation e.g. copies of questionnaires |
|  |
| When and where are you hoping to deliver your project? Please ensure you have checked that the venue is available and will accommodate your project. |
|  |
| How does the project contribute to the Vision and Priorities of the Bradley Big Local Community Plan? (see guidelines) (no more than 300 words) |
|  |
| What benefits will your project deliver?we are especially keen to understand the legacy of your project for Bradley(no more than 300 words) |
|  |
| How will you know if your project has been successful and how will it continue once the funding ends? (no more than 300 words) |
|  |
| Additional Information (no more than 300 words) |
|  |

# Section 4 – Financial Details

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide a detailed breakdown of how the funding will be spent. We want to ensure that Bradley Big Local funds best value for money.  There is a limit of 25% for capital equipment and no more than 5% for management fees. | | | |
| Item/Activity | | Cost £ | |
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| How much money do you require in total to provide your project/activity? | | £ | p |
|  |  |
| How much money do you require from Bradley Big Local? | |  |  |
| Section 5 – Signposting Consent The nature of your project will, from time to time, require referrals and partnership working. Please sign here to give BPRCVS/GBL permission to share your given details with relevant third parties only in connection with your project/group activities. | | | |
| **Signature** |  | | |
| **Date:** |  | | |

# Section 6 – Equal Opportunities Monitoring Form

|  |  |  |
| --- | --- | --- |
| **Name of Organisation** | |  |
| **Location of Activities** | |  |
| The above named organisation is set up to develop and promote voluntary/community/faith sector activities. We recognise that, in our society, both groups and individuals have been, and continue to be, discriminated against. Therefore, we aim to secure genuine equality of opportunity in ALL aspects of its activities. The following statement aims to ensure that no group or individual receives less favourable treatment, or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.  The above named organisation, opposes discrimination on the grounds of age, race, gender, status, sexual orientation, religion, disability, marital status, income or circumstances, language, HIV or other health related issues, and ALL forms of direct or indirect discrimination that restricts or hinders the promotion of equal opportunities. The organisation is committed to achieving equal opportunities in all aspects of its existence, by compliance with, and in the spirit and ethos of equal opportunities legislation. | | |
| **Signature** |  | |
| **Date** |  | |

# Bradley Big Local Community Fund

|  |  |  |
| --- | --- | --- |
| **DECLARATION Please ensure two non-related people authorised to sign on behalf of your group sign the application form.** | | |
| I confirm that the information contained in this form is accurate. | | |
| Name (in block capitals) |  |  |
| Signature |  |  |
| Position in group |  |  |
| Date |  |  |

# Application Checklist

|  |  |  |
| --- | --- | --- |
| **Have you included the following with your application?** | Yes | No |
| A fully completed application form |  |  |
| Your group’s rules or constitution |  |  |
| Your group’s financial breakdown, receipts, quotations |  |  |
| A copy of your group’s Safeguarding policy |  |  |
| All other relevant documents |  |  |

# Please return your completed application form to:

**Bradley Big Local**

**BPRCVS**

**62/64 Yorkshire Street**

**Burnley**

**BB11 3BT**

**Tel: 01282 433740 extension 1008/1018**

**E-Mail:** [**julie.overson@bprcvs.co.uk**](mailto:julie.overson@bprcvs.co.uk)

**Tel: 01282 433740 ex 1008/1018 E-Mail :** [**julie.overson@bprcvs.co.uk**](mailto:julie.overson@bprcvs.co.uk)

**We are happy to accept your application form and supporting documents via email.**

**Please ensure you also send us a copy with your actual signatures on it. Without the original signatures we cannot give you a Partnership decision.**

**Thank you.**

