In Partnership with

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Community Cohesion & Resilience Programme Fund

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant - Organisation | |  | | | |
| Project Name | |  | | | |
| **Application reference number:** | | | **PCCRP/XX** | **Date Received** |  |
| **Amount Req (£)** |  |
| **Unsuccessful** |  |  | | **Successful** |  |
| **Report(s) received for previous CVS administered funding** | | | |  | |

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In Partnership with

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Community Cohesion & Resilience Programme Fund

**Application Form**

**Please read guidance notes**

# Application Form

**Please refer to the Guidelines to help you to complete this form**

# Section One – Group/ School Details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Group/School** | | |  | | | | | |
| **Where is your group/school based? (address)** | | |  | | | | | |
| **(For groups only)**  **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.** | | | | | | | | |
| **Legal Status** | | **Charity Number** | | | |  | | |
| **CIC Number** | | | |  | | |
| **Constituted Group** | | | | Yes / No | | |
| **Other** | | | |  | | |
| **Signature** | **Name in Block Capitals** | | | | **Position in Group/School** | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |

**Section Two – Contact Details**

|  |  |  |
| --- | --- | --- |
| **Contact Name**  *Details of the person who is able to discuss this application.* |  | |
| **Contact’s position within the group/school** |  | |
| **Address of contact** (if different from group address)  **Postcode** | | |
| **Preferred contact**  Please enter your preferred method(s) of contact | **Email** |  |
| **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Group/School Bank/ Building Society Name** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **BACS/Bank Transfer** | | |
| **Name on Account** |  | |
| **Sort Code:** |  | |
| **Account Number:** |  | |
| **Do you have at least two unrelated signatures on your bank account?** | **Yes / No**  *(Delete as appropriate)* | |
| 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 Three – Project DetailsName of project? (max 25 words) |
| What would you like to do? (max 300 words) |
| Tell us what experience your organisation/school has of delivering projects which tackle extremism and/or bringing communities together (max 300 words) |
| How many people will benefit from this project? **Beneficiaries Volunteers Volunteers**  **Pupils Staff** |
| How do you know this project is needed to address issues in your community? (max 300 words) *(Have you consulted with people in your community? Tell us about this)* |
| Which specific local priority area(s) will your project address? **General**   * Bring communities together from different backgrounds, faiths and cultures around a shared objective e.g. volunteering, befriending/mentoring * Improve capability of communities to tackle extremist narratives and ideologies * Build, improve and strengthen local partnerships which support community resilience * Improve skills in diffusing tensions, strengthen community connections, promote unity and shared values * Provide activities that bring different parts of the community together to share and interact e.g. workshops, events where individuals can hear directly from people who are ‘different’ from them * Deliver an inter-community project aimed at improving community connections e.g. activities that support mental health through gardening, art, singing or sports projects * Provide ESOL lessons or sessions for improving English language skills * Help to improve the local environment e.g. address graffiti, etc, by bringing people together to improve their local communities and/or environments. * Increase personal confidence in interacting with others and build trust. * Provide capacity/capability training for community organisations to support diffusing community tensions   **Schools/Young People**   * Connect students from different backgrounds in safe spaces * Provide bespoke workshops for young people to build resilience to extremist ideologies * Provide social media focused ‘critical thinking’ lessons in school to equip young people to navigate challenges around different points of view * Facilitate dialogue on emotive subjects e.g. support for schools around how to have challenging conversations and listen to different points of view * Deliver events, workshops or campaign activities to educate on what constitutes a hate crime * Provide activities aimed at young people to address tension, unrest, etc linked to intolerance * Provide guidance/training for teachers on how to de-escalate tensions and respond to concerns * Provide training for teachers and other school staff on building confidence and skills to address extremist related topics |
| How will your project meet the specific local priority area(s) you have indicated? (max 300 words) |
| Where will you be delivering this project? Name and address of venue(s). |
| Please indicate which of the priority areas you will target.  * + - Brierfield     - Nelson     - Colne |
| When will you start delivering this project? |
| How long will the sessions be? E.g., 1 Hour per session |
| How many sessions will you deliver? Total number of sessions. |
| Schools Only: Would you like to access a FREE 2-hour workshop for a maximum of 12 people (staff, older students and perhaps parents may be interested) on conflict resolution, tackling extremist narratives and improving the capability of schools to respond to community tensions? |
| Additional Information (max 300 words) Anything else you would like to tell us about your organisation or project. |

# Section Four – Financial Details

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide a detailed breakdown of how the Pendle Community Cohesion and Resilience Programme Fund Award will be spent (please include on-costs in your total) and enclose any evidence e.g. estimates, quotations  **Please note this is for revenue costs only (costs related to delivery) – capital costs will not be considered** | | | |
| ITEM | | COST (inc on costs) | |
|  | |  | |
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|  | |  | |
|  | |  | |
|  | | £ | P |
| How much money are you applying for? | |  |  |
| What is the total cost of your project? | |  |  |
| If your project costs more than the amount you are applying for, please tell us the total project cost and where the additional funding will come from and when you expect confirmation of additional funding. | | | |
| Section Five – Signposting Consent | | | |
| The nature of your project will, from time to time, require referrals and partnership working. Please sign here to give BPRCVS permission to share your given details with relevant third parties only in connection with your project/group activities. | | | |
| **Signature:** |  | | |
| **Date:** |  | | |

# Section Six – Equal Opportunities Monitoring

|  |  |  |
| --- | --- | --- |
| Name of Organisation/School | |  |
| Location of 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** |  | |

# Pendle Community Cohesion and Resilience Programme (CCRP) Funding

|  |  |  |
| --- | --- | --- |
| **DECLARATION, please ensure two non-related people authorised to sign on behalf of your group/school sign the application form – your application will not be accepted if two signatures are not received.** | | |
| I confirm that the information contained in this form is accurate. | | |
|  | **First Representative** | **Second Representative** |
| **Name in block capitals** |  |  |
| **Signature** |  |  |
| **Position in group/school** |  |  |
| **Date** |  |  |

# Application Checklist

|  |  |  |
| --- | --- | --- |
| **Have you included the following with your application?** | | |
| A fully completed application form | Yes | No |
| For groups/ organisations:  A signed copy of your group’s rules or constitution | Yes | No |
| A copy of your group’s annual accounts/financial breakdown/forecast | Yes | No |
| Proof of bank account | Yes | No |
| A copy of your group’s Safeguarding policy | Yes | No |
| All other relevant documents | Yes | No |

# Please return your completed application form to:

**Pendle CCRP Funding**

**BPRCVS**

**The CVS Centre**

**62/64 Yorkshire Street**

**Burnley**

**BB11 3BT 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 Panel decision.**

**Thank you.**