A black background with a black square

AI-generated content may be incorrect.

A screen shot of a flower

AI-generated content may be incorrect. A logo with a lion and text

AI-generated content may be incorrect.

**UK Shared Prosperity Fund**

**Burnley Community Grant Programme 2025/26**

**Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Organisation** | |  | | |
| **Project Name** | |  | | |
| **Application reference number:** | | **UKSPF25/??** | **Date Received** |  |
| **Amount Req (£)** |  |
| **Unsuccessful** |  | | **Successful** |  |
| **Report(s) received for previous CVS administered funding** | | |  | |

**Please read the guidance notes** **to help you to complete this form.**

# Section One – Group Details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Group** | | | |  | | | | | |
| **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.** | | | | | | | | | |
| **Legal Status** | | | **Charity Number** | | | |  | | |
| **CIC Number** | | | |  | | |
| **Constituted Group** | | | | Yes / No | | |
| **Other** | | | |  | | |
| V.A.T. Registered | YES / NO | | **V.A.T. registration number** | | | |  | | |
| **Signature** | | **Name in Block Capitals** | | | | **Position in Group** | | | |
|  | |  | | | |  | | | |
|  | |  | | | |  | | | |

# Section Two – Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name**  *Details of the lead person who can 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** |  | |
| **Second Contact Name**  *You must provide details of a second person who can discuss this application/project.* | | |  |
| **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** | |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |
| **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 Details |
| Name of project? (max 25 words) |
| What would you like to do? (max 300 words) |
| 3) What is your contingency plan? (max 300 words) ***If there is disruption to ‘normal service’, due to health, adverse weather, etc., which dictates that you are unable to carry out your original project, what will you do? Your plan must meet the objectives and aims of your original project.*** |
| Which groups/individuals will your project target? How does it address equality? |
| How will you engage with the individuals your project will support? (max 300 words) |
| How many people will benefit from this project? **Beneficiaries Volunteers** |
| How do you know this project is needed to address issues or improve access to community projects in your community? (max 300 words) *(Have you consulted with people in your community? Tell us about this)* |
| Which priority and sub-theme does your project address? Please tick all that apply  **Theme: Healthy, Safe and Inclusive Communities**   * + **Sub-theme: Healthy - Improve health and wellbeing**   + **Sub-theme: Safe - Reduce crime and the fear of crime**   + **Sub-theme: Inclusive - Bringing communities together, tackling homelessness**   **Theme: Thriving Places**   * + **Sub-theme: Development of the visitor economy** |
| How does your project address the priority sub-themes you have identified? (max 300 words) |
| Where will you be delivering your project? E.g. venue/location (please include the post-code as we need to report the post code areas where activities take place) |
| When will you start delivering this project? |
| If your project is delivering an activity: **12a) How many sessions will you deliver?**  **12b) How long will each session be? E.g. 1 hour per session** |
| Additional information (max 300 words) |

**Section Four – Financial Details**

|  |  |  |
| --- | --- | --- |
| Please provide a detailed breakdown of how this UK Shared Prosperity Funding Award will be spent and enclose any evidence e.g. estimates, quotations  **Please note there is a limit of 10% administration costs** | | |
| ITEM | COST | |
|  |  | |
|  |  | |
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|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  | £ |  |
| What is your full project cost A |  |  |
| How much money are you applying for? B |  |  |
| 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 | |  |
| 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** |  | |

# UK Shared Prosperity Funding

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION, please ensure two non-related people authorised to sign on behalf of your group 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. | | | |
|  | Signature 1 | | Signature 2 |
| Name in block capitals | |  |  |
| Signature | |  |  |
| Position in group | |  |  |
| Date | |  |  |

# Application Checklist

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

**Please note: If your application form is incomplete, it will not be considered. Please check you have answered all of the questions, have signatures where requested and are submitting all of the documentation required.**

# Please return your completed application form to:

**UK Shared Prosperity Funding – Burnley Community Grant Scheme**

**BPRCVS**

**The CVS Centre**

**62/64 Yorkshire Street**

**Burnley**

**BB11 3BT E-Mail :** [**heather.starkie@bprcvs.co.uk**](mailto:julie.overson@bprcvs.co.uk)

**APPLICATIONS MUST BE SUBMITTED BY NOON ON 27TH JUNE 2025**

**We are happy to accept your application form and supporting documents via email. Please ensure you send the application form and all the supporting documents – we cannot accept your application without supporting documents**

**Please ensure you also send us a hard copy of the application with your actual signatures on it. Without the original signatures we cannot give you a Panel decision – thank you.**