**Broxtowe Borough Council**

**Housing Department**

**Community Fund Application Form**

Please read the Community Fund Guidelines before completing this application form. If you need any help completing your application, please contact the Engagement Team at [housingengagement@broxtowe.gov.uk](mailto:housingengagement@broxtowe.gov.uk) or call 0115 917 3935.

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| **About You** | | | | | | | | | | |
| Name of Project: | | | |  | | | | | | |
| Applying as:   |  |  |  |  | | --- | --- | --- | --- | |  | Tenants/Leaseholders |  | Not for Profit Organisation | |  |  |  |  | |  | Recognised Community Group |  | Staff Member – Housing Department | |  |  |  |  | |  | Voluntary Organisation |  |  | |  |  |  |  | | | | | | | | | | | |
| Name of Organisation/Group (if applicable): | | | | | | | | | | |
| If the application is being made by a group of organisation, what Governing Document do you have in place? Please provide a copy with your application. | | | | | | | | | | |
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|  |  | | None | | |  | Terms of Reference | | | |
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|  | | Constitution | | |  | Other (please specify): | | | |
|  | | | | | | | | | | |
| Do you have Public Liability Insurance? | | | | | | | | Yes | No | N/A |
| Your Name: | | | | |  | | | | | |
| Your Address: | | | | |  | | | | | |
| Your Phone Number: | | | | |  | | | | | |
| Your Email Address: | | | | |  | | | | | |
| Website Address/Social Media Details: | | | | | | | | | | |

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| If your project involves working on a piece of land or in a building…. | | | | | | | | | | | | | | | | |
| Do you know who owns the land or building? | | | | | | | | Yes | | | | | No | | | |
| If Yes, please provide their details: | | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | |
| Phone Number: | | | | |  | | | | | | | | | | | |
| Email Address: | | | | |  | | | | | | | | | | | |
| Is permission needed to use the land or building? | | | | | | | | | | Yes | | | | | No | |
| If yes, do you have their permission? | | | | | | Yes | | | | | No | | | | | |
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| **About Your Project** | | | | | | | | | | | | | | | | |
| Your project must meet one or more of the priorities outlined below. Please tick all that apply. | | | | | | | | | | | | | | | | |
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|  | |  | Improving health and wellbeing | | | | | | | | | | | | | |
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|  | |  | Tenancy sustainment and financial inclusion | | | | | | | | | | | | | |
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|  | |  | Neighbourhood improvements and empowering communities | | | | | | | | | | | | | |
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|  | |  | Reducing loneliness and social isolation | | | | | | | | | | | | | |
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| Please give a brief outline of your project. Please explain what you are going to do, where you are going to do it and who will be involved: | | | | | | | | | | | | | | | | |
| Have you consulted with the local community about your project? How will the local community be involved with the project? Please provide details: | | | | | | | | | | | | | | | | |
| When do you want to start the project and when do you expect it to be completed by? | | | | | | | | | | | | | | | | |
| Start Date | | | |  | | | End Date | | | | |  | | | | |
| Does the project need to start on this date? | | | | | | | | | Yes | | | | | No | | |
| If yes, please explain why: | | | | | | | | | | | | | | | | |
| What will be the outcomes and impact of the project? How will it positively impact on the Council’s Housing customers and their communities? | | | | | | | | | | | | | | | | |
| Is there any other relevant information you would like to include in support of your application? Please only include information not already included on this application form. | | | | | | | | | | | | | | | | |
| Will you, as the funding applicant, be delivering this project, or will you be working with another organisation to complete it? | | | | | | | | | | | | | | | | |
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|  |  | | Funding applicant | | | | | | | | | | | | | |
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|  |  | | Housing Department | | | | | | | | | | | | | |
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|  |  | | Other approved organisation, please specify: | | | | | | | | | | | | | |
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| **Project Costs** | | | | | | | | | | | | | | | | |
| Please provide details of the total cost of the activity, even if you are not requesting the full amount: | | | | | | | | | | | | | | | | |
| Item of Expenditure | | | | | | | | | | | | | | | | Cost |
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| Total Cost | | | | | | | | | | | | | | | | £ |
| Amount requesting from the Housing Department’s Community Fund | | | | | | | | | | | | | | | | £ |
| If applicable, please indicate how you are intending to raise the remaining balance and from what sources: | | | | | | | | | | | | | | | | |
| Have you already secured other funding? If so, please provide details of this: | | | | | | | | | | | | | | | | |

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| **Declarations of Interest and Signatures** | | |
| Are you or anyone else involved in this application, or in your group/organisation a staff member/elected member of Broxtowe Borough Council? If yes, please provide details: | | |
| Are you, or anyone else involved in this application, or in your group/organisation, related to a staff member/elected member of Broxtowe Borough Council? If yes, please provide details: | | |
| **Two signatories are required to sign this application form. One should be the contact person named above and the other should be someone closely involved with the project.**  **Please note that be signing this form you are confirming that the information provided is complete and accurate. Inaccurate/false information will invalidate your application.** | | |
| **Signatory 1**  Print Name:  Signature:  Project Role:  Date: | **Signatory 2**  Print Name:  Signature:  Project Role:  Date: | |
| Please provide the name of a referee who can support your application (this could be a staff member of Broxtowe Borough Council; or a prominent member of the community such as a Councillor, GP or Police Officer).  Name:  Address:  Phone/Email: | | |
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| Please return your completed application form to:  [housingengagement@broxtowe.gov.uk](mailto:housingengagement@broxtowe.gov.uk)  Housing Engagement Team  Broxtowe Borough Council  Council Offices  Foster Avenue  Beeston  Nottingham  NG9 1AB | | **Office Use Only**  Date Received:  Date Assessed:  Further Information Required:  Date Outcome Letter Sent: |