**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 or call 0115 917 7777.

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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 |  |  |
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| 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. |
|  |  |
|  |  | None |  | Terms of Reference |
|  |
|  | 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: |
|  |  |
| Please return your completed application form to:Housing Engagement TeamBroxtowe Borough CouncilCouncil OfficesFoster AvenueBeestonNottinghamNG9 1AB | **Office Use Only**Date Received:Date Assessed:Further Information Required:Date Outcome Letter Sent: |