



## **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 7777.

<b>About You</b>			
Name of Project:			
Applying as:			
<input type="checkbox"/> Tenants/Leaseholders	<input type="checkbox"/> Not for Profit Organisation		
<input type="checkbox"/> Recognised Community Group	<input type="checkbox"/> Staff Member – Housing Department		
<input type="checkbox"/> 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.			
<input type="checkbox"/> None	<input type="checkbox"/> Terms of Reference		
<input type="checkbox"/> Constitution	<input type="checkbox"/> 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:			

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

### About Your Project

Your project must meet one or more of the priorities outlined below. Please tick all that apply.

- Improving health and wellbeing
- Tenancy sustainment and financial inclusion
- Neighbourhood improvements and empowering communities
- Reducing loneliness and social isolation

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.



## 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 by 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 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: