



# WEST LANCASHIRE BOROUGH COUNCIL

## Application for financial assistance from the Community Chest Fund

### *Organisations/Groups*

**Completed forms to be returned by .....**

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#### FOR OFFICE USE ONLY

Name of applicant:

Constitution attached: Yes/No

Date received:

Accounts attached: Yes/No

Community Chest

New Organisation

Play

Established Organisation

Arts

Sports/Talented Athlete

Updated March 2011

## Instructions on completing this application form

- ◆ Read the criteria for awarding grants on page 3.
- ◆ Print clearly or use block capitals.
- ◆ Please complete Section 1 together with the relevant supporting information (Section 2) and sign Section 3.

*Please note, Applicants can only apply for one of the following grants*

- A. Community Chest Grants**
- B. Play Grants**
- C. Sports/Talented Athletes Grants**
- D. Arts Grants**

**Please note - Older People's Champion Grants are available, for further information please contact Councillor Mrs. May Blake on 01257 463636 or [cllr.blake@westlancs.gov.uk](mailto:cllr.blake@westlancs.gov.uk)**

- ◆ **Please sign and date page 11**

## **CRITERIA FOR AWARDING GRANTS**

*Applications are invited from organisations, groups and schemes for “revenue” type grants and small capital grants.*

### **What’s Available**

- A grant of up to £1,000 from the general budget
- A grant of up to £1,000 from the play monies budget
- A grant of up to £500 from the Sports/talented athlete budget
- A grant of up to £500 from the Arts Development budget

### **Who Can Apply**

Third Sector voluntary, non-profit making, community organisations based in West Lancashire can apply for funding towards their activities.

### **Who Cannot Apply**

Profit making organisations and public sector agencies are not eligible to apply. Funding is not available to support religious beliefs/political purposes. Voluntary Organisations in receipt of annual revenue funding by way of a Service Level Agreement are not eligible to apply.

### **What is required**

#### **Newly formed (under 12 months) organisations must:**

- Have a bank account in its own name and provide a bank statement
- Produce evidence of matching funding i.e. funds must be evident to at least match the amount of grant requested from the Council
- Demonstrate the need for the establishment of such an organisation and that there are no other similar organisations in existence in the immediate vicinity

#### **Established Organisations (over 12 months) must:**

- Have a constitution or be a company limited by guarantee
- Produce income/expenditure accounts and balance sheet for the previous year together with a bank statement
- Produce evidence of viability (i.e. number of years in existence, membership numbers)

## **Please Note**

No organisation in receipt of a Community Chest grant will be eligible to apply for further assistance for a period of 3 years unless the Council is satisfied that there are exceptional circumstances that warrant further assistance.

## **Payments**

All grant payments are made by BACS so it is essential that your organisation has a bank account. Payments by cheque will only be made in exceptional circumstances.

# Section 1

1. Type of grant applied for tick

**Community Chest**  
**Play Grant**  
**Sports/Talented Athlete**  
**Arts**

\* *Please select one of the above*

.....

2. Name of organisation / group / scheme:

.....

3. Address:

.....

.....

.....

4. Secretary or contact person's name:

.....

5. Telephone number:

.....

6. Address:

.....

.....

.....

7. Is the organisation / group / scheme a voluntary / community or non-profit making organisation/group/scheme?

Please tick

Yes

No

8. Is the organisation registered with the Charity Commissioners?

Please tick

Yes

No

(A) If **yes**, give registration number.

.....

(B) If exempt from registration please state grounds.

.....

9. What are the main objectives of the organisation / group / scheme?

.....

.....

.....

10. Where is the organisation based? .....

11. In which area(s) is the organisation active? .....

12. Please state which group the organisation / group / scheme serves:  
(please tick)

- People of different ages (including young and older people)
- People with a disability
- People of different races/ethnicities/nationalities
- Men
- Women
- People of different religions/beliefs
- People of different sexual orientations
- People who are or have identified as transgender
- People who are married or in a civil partnership
- Women who are pregnant or on maternity leave or men whose partners are pregnant or on maternity leave
- People living in areas of deprivation or who are financially disadvantaged

- Please note – Applicants are requested to indicate which of the above characteristics the organisation its membership is offered to. It may not necessarily have current members with these characteristics, but must state which ones to which it would offer membership .
- If you require further assistance please contact officers (details on page 11) or the following link to the Council’s website  
[http://www.westlancs.gov.uk/council\\_democracy/equality.aspx](http://www.westlancs.gov.uk/council_democracy/equality.aspx)

13. Please state the composition of the management / membership. ....

14. Please indicate the number of members. ....

15. Amount of assistance requested: £ .....

16. Specific purpose for which assistance is sought: .....

.....

17. Has the organisation / group / scheme any political affiliation? Please tick  
Yes  No

If **yes**, please give details. ....

18. How does your organisation / group / scheme meet the needs of the local community?

.....  
.....  
.....  
.....  
.....

19. Does a public body already provide a similar scheme? Please tick  
Yes  No

If **yes**, please give details. ....

.....

20. Has the organisation / group / scheme ever applied for or received any indirect assistance from the Council? (eg loan, equipment or premises etc) Please tick  
Yes  No

If **yes**, please give details. ....

.....

21. How are finances raised?

.....  
.....  
.....  
.....  
.....

22. How long has the organisation / group / scheme been in existence?

.....

23. What is its life expectancy?

.....

24. Is the person applying for financial assistance on behalf of your organisation employed by the Borough Council, or related to any Member or Officer of the Borough Council or

Please tick

Yes

No

Is any member of your organisation employed by the Borough Council

If YES please give details below

.....

.....



# Section 3

## FUNDING AGREEMENT

1. I/We will use any funding awarded for the purposes set out in this application. I/We will first agree any changes on how the fund is to be spent with the Council.
2. I/We will not sell any equipment or other assets purchased with the funding awarded without the prior knowledge and consent of the Council.
3. I/We will not use the fund to pay for any expenditure already incurred by the organisation prior to approval of requested fund.
4. I/We will spend the funding by the date agreed and in any event within one year of the award. If I am/we are unable to spend the entire fund, I/we will contact the Council to discuss when we will be able to spend the full amount awarded.
5. I/We realise that we are responsible for any overspend on the project.
6. I/We will meet all legal requirements, including but not limited to those relating to employment, health and safety, child protection (including Enhanced Criminal Record Bureau checks and ISA (Independent Safeguarding Authority) registration on staff and volunteers working with vulnerable adults and children) and environmental health matters.
7. I/We will keep all financial records and accounts, including receipts to show how the fund was spent for at least one year after the completion of the project.
8. I/We accept responsibility for obtaining all planning and statutory consents.
9. I/We will make sure that any written material promoting the project will acknowledge the financial assistance provided by the Council. I/We will consult the Council prior to issuing any publicity relating to the services that the Council is helping to fund.
10. I/We agree that the Council will have the right to withhold or request repayment of the fund or any part of it for any of the following circumstances:
  - a. this agreement is breached
  - b. the application form and supporting documentation was completed dishonestly or with incorrect information
  - c. the organisation fails to reflect equal opportunities in its practices
  - d. the organisation ceases to operate, is dissolved or is insolvent

and that these terms and conditions will prevail and remain in force until the fund is spent and until I/we complete and return all relevant forms.

I confirm on behalf of the organisation that I am authorised to sign this agreement and that, to the best of my knowledge, all answers are true and correct. I further confirm that if the application is successful, in full or part, the organisation will comply with the terms and conditions set out in Section 3.

**Signature:**

**Date:**

**Name in Full:**

**Address:**

**Position in Organisation:**

**Bank Account Details**

**Bank Name** .....

**Account Number** .....

**Sort Code** .....

***When this application has been completed it should be returned to:***

Assistant Chief Executive  
for the attention of Sue Griffiths/Jill Jones  
West Lancashire Borough Council  
52 Derby Street  
Ormskirk  
Lancs.  
L39 2DF

[Susan.Griffiths@westlancs.gov.uk](mailto:Susan.Griffiths@westlancs.gov.uk)  
[Jill.jones@westlancs.gov.uk](mailto:Jill.jones@westlancs.gov.uk)

Tel: 01695 585017/585097

Fax: 01695 585082