



Funded by ScottishPower Renewables' Coal Clough Windfarm

SCOTTISHPOWER RENEWABLES CLIVIGER COMMUNITY BENEFIT FUND Application Form

Please read the guidance notes before completing this form.

Applying Group/ Organisation Name									
<i>Cliviger Parish Council Use Only</i>	APPLICATION NO:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">Date Received</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">Amount requested</td> <td></td> </tr> <tr> <td style="padding: 2px;">Amount awarded</td> <td></td> </tr> </table>	Date Received		Amount requested		Amount awarded	
Date Received									
Amount requested									
Amount awarded									

Unsuccessful			Successful	
--------------	--	--	------------	--

Section One – Group and Project Details

Name of Group				
Name of Project/Activity				
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.				
Your group must have a set of rules or a constitution - please supply a signed copy. (If you don't have the above, please contact the parish council for support & guidance)				
Your group must have procedures to cover safeguarding, equal opportunities and other policies relevant to the group/project. Please enclose a signed copy (If you don't have the above, please contact the parish council for support & guidance)				
Has your group received any previous grant from Cliviger Community Benefit Fund?	Name - project/activity			
	Application date			
	Amount received			

Section Two - Contact Details

Contact Name	
--------------	--

<i>Details of the person who is able to discuss this application.</i>		
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		
Cheques payable to:		

In accordance with GDPR the data you have provided will be stored safely and securely in Cliviger Parish Council's file storage. The purpose of this data is for the parish council 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 parish council 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. The parish council will store this data no longer than our funder's requirements. If you would like to find out how your data is collected and used or what your rights are in relation to this data, please reply to this email requesting a copy of the office privacy notice. If you would like more information on GDPR please visit <https://ico.org.uk/>

Section Three – Project Details

Name of Project

What does the project or activity involve?

Who and how many individuals will benefit from the project/activity?

What are the particular issues you wish to address?

What evidence do you have of support for the project from the local community/residents?

Where and when will the project/activity take place? (Maximum length of project is 6 months) Please say how many sessions and how long the sessions will be if you are planning a programme of activity.

What resources and support does the project/activity need? Are you working with partner organisations?

How does the project contribute to the aims of the Community Benefit Fund?
What will be the outcome(s) of your work, especially in relation to the aims and expectations of the Community Benefit Fund?

How will you measure the project's success against the intended outcomes and the aims of the Community Benefit Fund? What measuring/evaluation tool will you be using?

How will you monitor costs and your ability to deliver? Has additional funding been identified if required?

Additional Information

Section Four – Financial Details

Please provide a detailed breakdown of how funds awarded will be spent and enclose any evidence of money needed e.g. estimates, quotations, etc.

Please itemise each individual item and/or any equipment that is to be purchased. If you are applying for funding for equipment, please obtain written permission from the place where you are proposing to store the equipment and include this with the application

Please note funding will not be provided for trips that are not connected to a programme of activity.

ITEM		COST	
		£	P
How much money do you require in total to provide your project/activity?			
How much money are you requesting from the Cliviger Community Benefit Fund (Max £10,000)			
How much income did your group receive in the last 12 months? Details of other funding received.			
Please ensure you provide a copy of your latest accounts	Attached (please tick)	Not attached (please give an explanation)	

You must have a Bank Account with at least 2 unrelated signatories

Section Five – Signposting Consent

The nature of your project will, from time to time, require referrals and partnership working. Please sign here to give Cliviger Parish Council 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 Form

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

DECLARATION Please ensure two non-related people authorised to sign on behalf of your group sign the application form.

I confirm that the information contained in this form is accurate.

	Signatory 1	Signatory 2
Name in block capitals		

Signature		
Position in group		
Date		

Date		
-------------	--	--

Application Checklist

Have you included the following with your application?	Yes	No
A fully completed application form		
Your group's rules or constitution		
Your group's annual accounts/financial breakdown/forecast		
All other relevant documents		

Deadline for applications:

Please return your completed application form to:

Rebecca Hay, Clerk to Cliviger Parish Council, Ollistan, 239 Red Lees Road, Cliviger, Burnley, BB10 4RF

Tel: 07977611947

E-Mail: travel2pud@hotmail.com

Two copies of the application are needed, one to be emailed to travel2pud@hotmail.com and the second to be posted to Cliviger Parish Council, Ollistan, 239 Red Lees Road, Cliviger, Burnley, BB10 4RF. The application will not be processed until both copies have been received.

