



WARD ALLIANCE FUND 2019-20

APPLICATION FORM

The primary objective of the Ward Alliance is to encourage Social Action across Barnsley. Social Action is defined as: 'people helping people' / 'practical action in the service of others'

Please fill in the project proposal form below and then send it to the address as stated on the guidance notes. You may wish to discuss the outline of your project with a member of the Ward Alliance, or Community Development Officer, for some initial feedback before submitting your proposal. Before completing this form please read the Ward Alliance Fund Guidance Notes.

1. About Your Group

Please note, section 5 requires further information about your group. This has to be completed, but the information will not be available to anyone, and only used if your project is approved.

1.A Name of your Group:	
1.B Ward that will be covered by this project:	
1.C What does your group do:	

2. About Your Project

2.A Project Title <i>Give your project a short title so it can be easily identified (max 10 words)</i>
2.B Project Summary <i>What will you do with the money if successful? (No more than 150 words):</i>
2.C Which area is covered by the project <i>(Is it a particular street, estate or the whole ward?):</i>
2.D How much funding do you need?
2.E What is the start date for the project and when will it be completed? <i>Is the timetable for the delivery of this project realistic?</i>
2.F Please indicate what will happen to any equipment purchased.

2.G Do you have any insurance?

YES*:

NO :

* If you do, what does this insurance cover?
* If you don't, please detail how you will meet any insurance needs that might be required for your project?

3. The Local Community

3.A Which local priorities identified for your ward does this project address?
(Please see guidance notes and refer to the relevant Ward Alliance priorities and Action Plans. If you are unsure of these priorities please contact your Area Team)

3.B How does your project meet this priority?

3.C Please indicate who you have consulted with, and any other groups or organisations that will be involved in the project.

3.D How will the project benefit the community/what difference will it make?
What are the key benefits?

3.E Please tell us how your project will help to promote equality and diversity in the community?

Please refer to the guidance notes when completing this question.

3.F Are you providing a match for this project?

If yes, please go to section 3.G. If you not, please go to section 4.

YES NO

3.G How are you making up the match part of your project?

Please give us details on what you will contribute (volunteer hours, gifts in kind, cash donations etc) to raise the same amount you are requesting in funding [Please note that volunteer time is calculated at £13.51 per hour]

How many people are volunteering towards this project?

How will the volunteer match directly contribute to the project?

How many new volunteers will be contributing towards the project?

In-kind contributions:

Cash donations:

5. Personal Information, Conditions & Declarations *

5.A Main contact:								
5.B Position in group:								
5.C Address:								
5.D Postal code:								
5.E Email address of main contact:								
5.F Main telephone number:								
5.G Social media details:								
5.H Bank Account Name								
Bank Account Number								
Sort code			/			/		
Name of Bank/Building Society								

Please note that grants cannot be paid into an individual's bank account – please refer to section 5 H of the guidance notes.

- I hereby certify that the information contained in this application form is accurate, and that I have the authority/permission of our group to apply for these funds.
- I acknowledge that in the event of a Grant being made, the application form and guidance notes will be the basis of a binding agreement.
- Any award made will be used only for purposes for which it is granted, if it is found during monitoring that any item(s) funded are ineligible, I will return any money requested immediately.
- The monitoring information required by BMBC will be provided as and when requested. All financial records, receipts etc. will be kept for at least 7 years following any award.
- Applicants will be required to provide copies of receipts of expenditure within 6 months of any award or evidence of action if an order is placed.
- Any unspent monies must be returned within 6 months. Please contact the team to arrange a BACs transfer.
- That arrangements for any insurance that is needed for your activity has been put in place
- Any media or promotional work must include the Love Where You Live logo
- Groups receiving awards may be required to report to future Ward events about the benefits received from the grant.
- Barnsley MBC is subject to the Freedom of Information Act 2000. This law gives the general public the right of access to information held by the Authority. Some information may be exempt from disclosure such as bank account details. The Authority will consult with third parties who supplied the information but the final decision on the release of the information rests with the Authority.
- I understand that failure to comply with the above requirements may result in the recovery of money paid.

6.A Project contact name								
6.B Signature								
6.C Date								

* Please ensure that Section 5 is **fully** completed. If your project is approved it may delay a payment being made to you if it is not. This section of the form will **not** be made available to the approval panel. Electronic signatures are accepted.

If you would like us to add your group's details to our community database, please tick this box.
 If you would like us to remove your details at any time, please contact the team.
 Your details will not be shared with our partners or any other organisation, without prior consent with yourselves.

6. Approval Process

Project Title Approval Amount £.....

At theWard Alliance meeting, the following people expressed an interest and abstained from voting:

I, the Chair of the above Ward Alliance meeting, confirm that the project application has been **successful*/unsuccessful*** with support from a majority of Ward Alliance Members present at the meeting held on[Date]

Signature **Date**.....
[Chair of the meeting on behalf of the Ward Alliance] *delete as appropriate

I confirm that this application fulfils the WAF criteria:

Signature..... **Date**.....
[Area Council Manager]

Area Manager comments:

I authorise the project, and the request for the WAF grant, as outlined in the application:

Signature.....**Date**.....
[Service Manager/Assistant Director/Executive Director Communities Directorate]

BACKGROUND PAPERS AVAILABLE WHERE APPROPRIATE:

Application Form:

Quotes for works:

The background papers are available for inspection at Beavor Court 1, (01226 787704) where they contain exempt information as defined by Part 1 of Schedule 12A, Local Govt. Act 1972.