
WARD BUDGET

APPLICATION FORM

Please refer to guidance notes for a full explanation of each question.
If you have any queries about completing this form, please contact the
Riverside Area Co-ordination Team based at 1st Floor, 1 The Mount, Holderness
Road, Hull, HU9 2BN Tel. (01482) 612268

Applicants must complete all sections of the form and ensure that the
application is signed and dated.

For internal use only
WB Application Reference:

1. APPLICANT DETAILS

| | |
|----------------------------------------|--|
| 1a. Organisation or Group Name: | |
| 1b. Address: | |
| 1c. Post Code: | |
| 1d. Contact Person: | |
| 1e. Daytime Telephone Number: | |
| 1f. Mobile, or other number: | |
| 1g. Email Address (if any): | |

2. ABOUT YOUR ORGANISATION

2a. What are the main activities of your group or organisation?

2b. Who benefits from your group's activities?

2c. How many people are involved in your group?

Committee members:

Volunteers (Additional to Committee):

All other users:

2d. Any activities that involve young people should be carried out with the utmost priority given to their well-being and safety.

Do the activities of your group involve working with young people?

| | |
|-----|--|
| YES | |
| NO | |

If yes, for your application to be successful we would expect your group to have a Child Protection policy and those working with young people to have received the necessary Criminal Records Bureau (CRB) clearance.

Does your group have a Child Protection policy or procedure?

| | |
|-----|--|
| YES | |
| NO | |

Are the group members that will be working with young people CRB checked?

| | |
|-----|--|
| YES | |
| NO | |

3. PROJECT DETAILS

3a. Please outline how you would use the Ward Budget grant?

3b. Please tell us when the project/activity will start and finish?

3c. Who will benefit from the project/activity?

3d. Have you undertaken any consultation with the local community about the project/activity?

| | |
|-----|--|
| YES | |
| NO | |

If you answered yes, could you tell us who you consulted, why and what were the results of that consultation.

3e. Are any partners involved in the project? If so, please tell us what is the nature of their involvement.

3f. How will you measure the success of your project?

4. PROJECT COSTS

4a. How much will your project cost? £

4b. How much do you need from the Ward Budget? £

4c. Have you applied for, or received, funding for this project from elsewhere?

| | |
|------------|--|
| YES | |
| NO | |

If yes please give details:

4d. Some projects will have ongoing revenue implications for Hull City Council for future maintenance and other running costs. If this is applicable to your project, please provide details.

| |
|--|
| |
|--|

4e. Please provide a breakdown of all the actual costs of the project

External Applicants only - you must supply us with 2 alternative quotes (3 quotes if over £5,000) for any items to be purchased i.e. equipment, materials

| ITEM | ADDITIONAL DETAIL | COST |
|------|-------------------|------------------------------------------------|
| | | |
| | | |
| | | |
| | | <p style="text-align: right;">Total</p> |

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

4f. It may be decided only to give a percentage of the funding that you have requested. Please give details of which elements (if any) of your project could still be carried out if this happened.

| | |
|---------------------|--|
| Amount Given | |
| 75% Awarded | |
| 50% Awarded | |
| 25% Awarded | |

4g. How would the project/activity continue after the Ward Budget funding has finished?

5. BANK DETAILS (External Applicants only)

This section is for your bank account details. Due to the Data Protection Act 1998 this page will be detached from your application and will not be seen by those deciding the outcome of your grant.

5a. Account Name

5b. Account Number (including sort code)

5c. Bank Name and Address

5d. Account Signatories (2 required)

| | |
|------------------|--|
| Name: | |
| Position: | |
| Name: | |
| Position: | |

6. DECLARATION

Please check that all sections of the form have been completed and sign below.

We confirm that the information in this form is correct. If a Ward Budget grant is awarded, it will only be used for the purpose given and according to any conditions specified. We understand that after payment of a grant, we will be expected to provide information on the progress of the project and proof of expenditure.

Signature 1 (person submitting form)

Please print

Date

Signature 2

Please print

Position

Date

7. CHECKLIST

Has the following been included in your application?

External Applicants only:

A copy of your constitution

A copy of your accounts or bank statements

A copy of your Child Protection Policy or Procedure (if applicable)

Two quotes (3 quotes if over £5,000) for items to be purchased

All Applicants:

Evidence of other funding for the project (if applicable)

Please note – Information submitted on this application form may be disclosed under the Freedom of Information Act 2000 or other legislation