## **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 West Area Coordination Team based at The Avenues Centre, Park Avenue, Hull, HU5 4DA Applicants must complete all sections of the form and ensure that the application is signed and dated.

ward Budget 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):	

For internal use only

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 utmos	ţ
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

This may include any staff salaries, fees, overheads (for example telephone, stationery), travel, publicity, room hire, equipment or materials. Please note that details of any staff salaries are required for information purposes only and only additional hours are eligible for funding through the Community Initiatives Budget scheme

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

PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY

Please give details of which elements (if any) of your project could still be carried out if this happened.			
Amount Given	Areas of project which would be carried out		
75% Awarded			
50% Awarded			
25% Awarded			

	ur bank account details. Due to the Data Protection Act 1998 this pan your application and will not be seen by those deciding the outcom	
5a. Account Name		
5b. Account Numb	er (including sort code)	
5c. Bank Name and	d Address	
5d. Account Signat	tories (2 required) including signatures	
Name:		
Position:		
Name		
Name:		
Position:		

5. BANK DETAILS (External Applicants only)

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 Community Initiatives 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	