

London Eye/VMG COMMUNITY CHEST

Amount Requested
Up to £10,000

£

Office use only
Application Ref:

Part A – Information about your group / organisation

Please carefully read the guidance notes before completing this application.

1.	Name of your Group or Organisation:				
	Has your Group applied for funding from London Eye/VMG S106 before?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2.	Address of Group: (including postcode)				
3.	Name of Contact				
4.	Telephone Number(s):				
	What is the best time to contact you?				
	Email:				
5.	Does your group have a set of rules or a Constitution? <i>(please enclose a copy)</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
6.	Are you a Registered Charity?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Are you a Registered Company Limited by Guarantee?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, please give registration number/s:				
7.	When did your group set up?	MONTH		YEAR	
8.	Is your group part of a larger organisation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, please give the name of the group:				
9.	In which geographical area does your group work?				

10	How many people are involved in your group?						
	Management Committee members		Paid full-time staff		Paid part-time staff		
	Volunteers		Members / Users				
11	Please give a description of:						
	a)	The main activities of your group					
	b)	How many people benefit from the work of your group					
12	Has your group produced annual accounts? <i>(please enclose a copy)</i>			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
13	Has your group got its own bank account?		YES <i>(go to 15a)</i>	<input type="checkbox"/>	NO <i>(go to 14b)</i>	<input type="checkbox"/>	
14	What are your group's bank details?						
	Name of Bank				Sort Code		
	Type of Account				Account Number		
	Account Name						

Part B - Information about your project or activity

1. How much are you applying for?	£
2. Will this project be delivered in partnership with any other local community groups? Please list all partners and their role in the project.	
3. Describe what you want a grant for. <i>Please include details about:</i> a) What will you spend the grant on? b) Why is the project/activity needed? c) Will it benefit people in the London Eye/VMG area of benefit? d) Who and how many people will benefit? e) When do you plan to spend the grant? <i>What is the programme for the project (indicate tasks and date?</i>	

4. When will the activity start?

5. What difference will the activity make to your local area?
(The London Eye/VMG S106 objectives of this grant are listed on the guidance leaflet. How will this project meet these objectives?)

6. How will you check how successful you have been?

7. How much will the activity/service cost?
 Please give a breakdown of how much will be spent on the different aspects of the activity.
 Please ensure all partner organisations who will receive money through this grant are listed
 and how much they will receive.
 Please give all sources of funding necessary to fund costs not covered by this Community
 Chest

Income (for this proposal)		Expenditure (for this proposal)	
Source	Amount	Source	Amount
Total Income	£	Total Expenditure	£

If you wish to provide the budget on a separate sheet, please attach with your application

Part C - Additional Information

Please make sure you enclose the following:	Tick if enclosed	If you are unable to enclose any of the documents, please explain why in the boxes below:
1. Governing document for your group (e.g. Constitution, "memorandum & articles" or set of rules		
2. Most recent annual accounts, or a spending plan if you are a new group		
3. Equal opportunities policy		
4. A child protection policy if you will be working with children		
5. Quotes, estimates or catalogue prices if you plan to purchase equipment		

Part E - Referee

Please provide details of someone who knows of your group's work but is independent of your group, whom we can contact for a reference:

Name:	Position:
Organisation:	
Address:	
Telephone Number:	E-mail:

Part F - Data Protection

The contents of this application are protected under the Data Protection Act (1998). Information gathered on this form may be shared with external assessors, auditors, and funders. The contact details of your group may be shared with other organisations and individuals with a legitimate interest in learning more about your work, unless specified below:

I agree to WaCoCo sharing our contact details with others

YES

NO

Part G - DECLARATION

Signature of applicant:

Date:

Name: *(please print)*

Position in group:

Please return this form to: admin@wcdg.org.uk

Paper copies will also be accepted at the address below, but we also need an electronic copy

Waterloo Community Coalition (WaCoCo)

14a Baylis Road

London SE1 7AA

Closing Date Monday 25th November 2013 at 12pm
(No applications will be accepted after this date)