Love Luton Community Award Application bid – Larger applications of up to £3000

If you require any assistance at all in completing this application, please contact the Love Luton coordinator on 01582 546265 or by e-mail at [coordinator@loveluton.org.uk](mailto:coordinator@loveluton.org.uk)

Every area with a bold border requires an answer. We ask that the form is completed electronically in the first instance but handwritten bids will be accepted. These need to be completed in black ink. Please ensure you have read the terms and conditions before starting the application.

1. Applicant details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of community group or organisation: | | | | | | | | | | | |
| Address for correspondence:  Post code: | | | | Address of premise/venue used:  Post code: | | | | | | | |
| 1. Contact details of two people with whom we can discuss this bid. | | | | | | | | | | | |
| Main contact person | | | | Second contact person | | | | | | | |
| Title (please circle) | Miss/Ms/Mrs/Mr | | | Title (please circle) | | | | Miss/Ms/Mrs/Mr | | | |
| Name |  | | | Name | | | |  | | | |
| Position |  | | | Position | | | |  | | | |
| Telephone |  | | | Telephone | | | |  | | | |
| Mobile phone |  | | | Mobile phone | | | |  | | | |
| E-mail |  | | | E-mail | | | |  | | | |
| Web address of the group | |  | | | | | | | | | |
|  |  | | |  | | | |  | | | |
| 1. Organisation details | | | | | | | | | | | |
| Please describe the main activities of your organisation (maximum 150 words): | | | | | | | | | | | |
| When was the group established? | | |  | | | | | | | | |
| How often does your group meet? | | |  | | | | | | | | |
| From what geographic areas/wards do your members/clients come? | | |  | | | | | | | | |
| Are you (please circle all that apply) | | | | | | | | | | | |
| A Registered Charity | | | Yes/No | |  | | Charity number | | | |  |
| Applying for charitable status | | | Yes/No | |  | |  | | | | |
| A Company Limited by Guarantee | | | Yes/No | |  | | Company number | | | |  |
| Other (please state) | | | Yes/No | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
| Are you | | |  | |  | |  | | | | |
| A locally managed organisation | | | | | | Yes/No | | |  |  | |
| Part of a larger regional or national organisation? | | | | | | Yes/No | | |  |  | |

If your organisation is a part of a larger regional or national organisation, please provide details:

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|  |

How many people are involved in your organisation?

|  |  |  |
| --- | --- | --- |
|  | Number | Total hours per week worked/given |
| Full time paid staff/workers |  |  |
| Part time paid staff/workers |  |  |
| Management committee |  |  |
| Other volunteers and helpers |  |  |
| Beneficiaries/users/clients |  |  |

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| --- |
| How are your group’s beneficiaries/users/clients represented on your board/committee and included in any decision making processes? |
| What checks do you make on your staff and volunteers to ensure their suitability to work for your organisation? If you work with children or vulnerable adults, please confirm that CRB checks are obtained and provide the name of your appointed person. |
| How do you work in partnership with other local groups across Luton? |
| How do you advertise your work to attract beneficiaries, users or clients and how do you promote your successes (e.g. newsletters, press releases, adverts)? |

1. Project details

|  |  |  |
| --- | --- | --- |
| Please give us a brief description of the project you want us to fund. What are you trying to achieve? Under which criteria of this fund do you think your project qualifies?  *You must explain clearly how this project meets the criteria of the fund.* | | |
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|  | | |
| When will it start? When will it finish? | | |
| How do you know this project/initiative/event is needed and why is it important to your community or the people you support? Have you carried out any research to support this? | | |
| What do you hope the project/initiative/event will achieve? | | |
| How will you measure these achievements? Please provide milestones of the project with key dates for each. | | |
| What skills and experience do your management team, staff and volunteers bring to this project/event? | | |

1. Beneficiaries

If your project targets a particular aspect of the community, please tick each box that applies. .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Early years (0-5) |  |  | Men |  |
| Children (6 to 16) |  |  | Women |  |
| Young people (up to 25) |  |  | People with disabilities |  |
| Adults |  |  | People of a particular religious belief |  |
| Older People (over 65) |  |  | LGBT community |  |
| People in rural areas |  |  | Refugees |  |
| People in urban areas |  |  | Others (please describe) |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| White British |  |  | Asian or Asian British - Pakistani |  |
| White Irish |  |  | Asian or Asian British - Bangladeshi |  |
| White Other |  |  | Asian or Asian British - Other |  |
| Mixed White & Black Caribbean |  |  | Black or Black British Caribbean |  |
| Mixed White & Black African |  |  | Black or Black British African |  |
| Mixed White & Asian |  |  | Black or Black British Other |  |
| Mixed Other |  |  | Chinese |  |
| Asian or Asian British - Indian |  |  | Other |  |

|  |  |
| --- | --- |
| Approximately how many people will benefit directly from this particular project? |  |

1. Finances

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| --- | --- | --- | --- |
| How is your group funded currently? | | | |
| Do your clients/users/beneficiaries make any contribution to your costs? | | | |
|  | | | |
| What are your levels of income and spending for the past three financial years? | | | |
|  | Income |  | Spending |
| Last full financial year | £ |  | £ |
| Previous financial year | £ |  | £ |
| Previous but one financial year | £ |  | £ |

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| Any financial assistance awarded will be paid by cheque and sent to the person named as the first contact on this application form, payable to the organisation named. Please provide the following details of the organisation’s bank account:  Account name:  Bank name & address:  Account number: Sort Code: | | |
| How many people are authorised to sign cheques? |  |  |
| How many signatories are required on each cheque? |  | We require a minimum of two and these must be unrelated. |
| Please tick the box to confirm that two related signatories ***may not*** sign the same cheque |  |  |

1. Budget

Please provide full details of the costs of the project/initiative/project you are asking the Love Luton community pot to fund. If any of the costs do not fit into these headings, please detail them in “other costs”.  ***Please provide as much detail as possible***

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| --- | --- | --- |
| Type of cost | Description of cost | Total cost £  (incl. Non recoverable VAT) |
| Staff and volunteer costs  e.g. salaries, training |  |  |
| Operational activity costs  e.g. equipment, venue hire, food/refreshments, childcare |  |  |
| Office, premises, overhead costs  e.g. rent, postage, telephone/fax, heating, water, light |  |  |
| Capital costs (up to £1,000 each)  e.g. computers, photocopiers, furniture |  |  |
| Publicity costs  e.g. designing and printing publicity material |  |  |
| Other costs  (please specify) |  |  |
| Delete if not required | Annual fee for localgiving.com | £72.00 |
|  | Total |  |

|  |  |  |
| --- | --- | --- |
| Is this money for new work, or to continue funding existing work? | New | Existing |

If the total of your project budget is higher than the amount requested, how much has been raised so far?

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| --- | --- |
| Total cost of your project | £ |
| Amount requested from us | £ |
| How much has been raised so far? | £ |

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| --- | --- | --- |
| Please can you list below any match funding to be used against this project? | | |
|  | Description/number | Value |
| Volunteer hours |  | £ |
| In kind contributions |  | £ |
| Cash donations/fees charged/own fundraising |  | £ |
|  | Total | £ |
| How will you fund any gap between the cost of the project and the award you are seeking from us? If you are applying to any other trust or organisation, please give details, including a date when you expect to hear from them. Please list any fundraising events being held and any other plans you have in place to help you achieve the matched funding required and shown above. | | |

1. Publicity and promotion

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| --- | --- |
| How did you hear about the Love Luton Community Award fund. | |
|  | |
| The Love Luton campaign will publicise its awards in a variety of ways, including to the local media. Do you have any objections to this? | Yes/No |
| In our monitoring of awards, we ask for photographs to be included where possible. Do you object to such photographs being used in our publicity? | Yes/No |

1. Declaration

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| It is essential that you understand and agree to sign up to the following statements. Please note that if you leave the organisation or can no longer fulfil your responsibilities, or someone else takes over responsibility for the award on behalf of the organisation, you must inform us immediately.   1. Our signature(s) confirm our acceptance of the conditions below: 2. We agree to abide by the terms and conditions of any award made as set out in this application form, in any accompanying guidance and in any offer letter. 3. We confirm that the information given in this application is true and accurate to the best of our knowledge. We confirm that we are authorised to sign such declarations on behalf of the applicant group. 4. We understand that any offer of an award will be subject to our proposed work remaining within the funding criteria and any award made can only be spent on the proposal outlined within this bid unless specifically agreed beforehand by the Love Luton coordinator? 5. We agree to participate in monitoring, auditing and evaluation related to this fund and will keep receipts for any payments made with this award and send copies with the end of award report to the Love Luton coordinator on request. 6. We will show the sum received from the Love Luton community award as a separate item in our organisation’s annual accounts and a signed copy will be sent to the Love Luton coordinator on completion. 7. The funding provided will be spent within twelve month of receipt unless specifically agreed by the Love Luton coordinator | | |
| Signature of Chair or Secretary | Name (please print) | Date |
| Signature of Committee Member | Name (please print) | Date |

1. Independent Referee

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| --- |
| You must provide us with details of an independent referee who must be a person with a ***professional or public position whose status we can check***. They must be independent of your organisation but know its work and about the project for which you are requesting funds. Please do not give details of a relative, friend, partner, and another member of the group or anyone who might benefit from an award being made to your project.  Name of referee:  Connection with your organisation:  Profession/job title:  Contact address;  Daytime telephone number: E mail address: |

1. Checklist

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| --- | --- | --- | --- |
| No application will be considered unless it includes the following minimum information/documentation: | | | |
| A fully completed and signed application form |  | Equal opportunities policy |  |
| A set of accounts for the last financial year (or for new groups a bank statement and budget) |  |  |  |
| A child protection or vulnerable adults policy or similar |  | Copy of complaints policy |  |

Please ensure that you have completed all sections of the application form, have the enclosures ready (see above checklist) and then send to:

Love Luton Community Award

[coordinator@loveluton.org.uk](mailto:coordinator@loveluton.org.uk)