**Inclusion and Engagement Grant Application Form**

This form is for groups and organisations who have a constitution and an organisational bank account. If you are an individual or un-constituted group, please contact your Well Doncaster Officer (details below). If you would like any help or advice in planning your project or filling in this form then please contact the Well Doncaster / Community Wealth Builder Team, see guidance notes,

Guidance notes for completion of this form *appear in italic writing.* We need as much detail as possible when you complete the form. All questions marked \* must be completed. Any applications that are not fully completed will not be considered.

|  |
| --- |
| **\*Q1. Name of constituted group or organisation** |
|  |
| **\*Q2. Application Checklist**  *Please tick the applicable boxes* |
| **Yes** | **No** | **Questions** |
| [ ]  | [ ]  | Is the project in Doncaster?  |
| [ ]  | [ ]  | Do you have a bank or building society account with at least 2 signatories?  |
| [ ]  | [ ]  | Do you have a simple governance structure? If yes, please send a copy with your application |
| [ ]  | [ ]  | If you have applied for this grant, or the active communities grant, is this application for something different? If yes, please provide details in the box below: |
| Grant details: |  |
| **\*Q3. Contact Details** |
| **Name:** |  |
| **Position:** |  |
| **Telephone Number(s):** |  |
| **Email:** |  |
| **Address & Post Code:** |  |
| **\*Q3b. Bank Details** |
| **Name of Bank (e.g. NatWest)** |  |
| **Group/Organisation name as it appears on bank account:** |  |
| **Sort Code:** |  | **Account number:** |  |
| **Q4. Where did you hear about the grants?** *Please tick box as appropriate*  |
| [ ] Doncaster Council Staff | [ ] Doncaster Chamber  | [ ] OtherPlease specify below: |
| [ ] Community Organisation | [ ] Social Media  |
| [ ] Business support advisor please specify:  | [ ] Word of mouth |
| **\*Q5. Why are you applying for the Inclusion & Engagement Grant? Please refer to the separate information sheet provided. Max 300 words** *When answering please:* |
| * *Be clear and precise*
* *State the beneficiaries / wider community benefit*
* *State the barrier the grant will help to overcome*
 | * *Use bullet points to clearly set out your answer if you wish*
* *Include statistics where necessary to strengthen your application.*
 |
|  |
| **\*Q6. What other information do you feel we need to know to strengthen your application? Max 300***Please refer to the Application Information Pack* |
|  |
| **\*Q8. Please provide a breakdown of what the grant will pay for** |
| **Description:** | **£ per item/activity** |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
| **Total grant requested:** | **£** |  |
| **Total contribution from you, or any other funder:** | **£** |  |
| **Total cost of activity:** | **£** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Declaration:** **This document will be used for monitoring and auditing purposes in line with Doncaster Council’s Financial Rules.****I hereby declare on behalf of** Click or tap here to enter name of group/organisation **that:*** The information given on this form is correct to the best of my knowledge
* The organisation/group is a non-profit making body
* Any grant made by the Council to the organisation in response to this application will be used for those activities of the organisation for which the grant is given and in accordance with the objectives of the organisation
* The organisation/group will keep proper accounts of its income and expenditure and will make these available for inspection by Council Officers at any reasonable time
* The individual/group will maintain regular communication with the Council, and will allow the Council to visit/view the activity upon request
* The organisation agrees to sign up and engage with the Community Wealth Builder Project.
* The organisation/group will complete a case study and a short questionnaire provide by the Council, within 6 months of receipt of funding. The case study, details of the grant activity and short questionnaire responses may be uploaded to the CWB website and shared with partners as good news stories.
* Should the grant be awarded, the amount will be itemised in the organisation’s annual accounts
* No member of the organisation’s management committee has any relationship with serving members and/or officers of the Council

**I also understand that:*** Details of this application will be shared with third parties associated with the delivery of the Community Wealth Builder Project and Well Doncaster.
* Payment or refusal of a grant lies entirely within the Council’s discretion
* The grant must be used in response to the Corona Virus pandemic and therefore within 3 months of receipt.
* It is the Council’s policy not to make further repeat grants to organisations/groups for any one particular project or activity during the same financial year as the original grant. The award of the grant by the Council on this application will not necessarily commit to a further grant in the future.

**I confirm that the group/organisation named on the front of this application, has authorised me to sign on its behalf. I can confirm that the information given in this form is true.** **Please note:** DMBC is subject to the Freedom of Information Act 2000, and other legislation. Most of the information you supply to the Council may be made public.

|  |  |
| --- | --- |
| Full Name: |  |
| Position in Group: |  |
| Date: |  |
| Signature: |  |

**Please return the completed form together with a copy of your GOVERNING DOCUMENT and any evidence to support your application by either of the following options:**

|  |  |
| --- | --- |
| **By email to:****By post:** | **Community.WealthBuilder@doncaster.gov.uk****Public Health, Well Doncaster, Floor 4, Civic Office, Waterdale, Doncaster, DN1 3BU** |

 |