

Enfield Community Support Fund Application Form (APP.1)



ECSF Approval Reference
No: (office use only)

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Date:

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Section 1: Project Details

Q1. Project title, duration and costs

| | | | |
|---------------------------|--|---------------------------|--|
| | | | |
| Project start date | | End date | |
| Funding requested | | Total project cost | |

Q2. Contact details of applicant and status (Organisation name, address, email and contact no.)

Project manager

Organisation

Address

Email

Tel. no:

When did your organisation start? (month/year)

What type of organisation are you? (delete as appropriate)
 Registered Charity (please include charity number here)
 Not for profit company (please supply Company Number here)
 Supplementary School
 Unincorporated Association (Voluntary/Community Group)
 Tenants or Residents Association
 Faith Group
 Other – please specify here.

Q3. Please tell us briefly about the evidence base that informs this proposal and how it illustrates the need for the project.

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Q4. Describe the project, how it will be delivered and highlight the impact that this will have on Enfield residents, how it meets the eligibility criteria set out in the guidance and how the equalities agenda has been considered in the design of the project. (max. 300 words)

Q5. (a) Describe how the project will address need in Enfield, and thus promote or improve the Social, Economic or Environmental well being of the Area?

(b) Indicate the likelihood in your view of take-up by, or benefit to, residents of more deprived wards in Enfield and of vulnerable groups; as well as residents in general.

Q6. Describe how the project will address the Strategic Aims of the Council as set out below.

(a) Fairness for All: Tackling inequality and vulnerability

(b) Growth and Sustainability: Promoting a clean, green and sustainable environment, bringing jobs and opportunity to the local area

(c) Strong Communities: Encouraging active citizenship, responding to local needs and promoting local leadership

Q7. The funding available from the Enfield Community Support Fund is one-off. Please give details of how you will plan to continue the project once funding from the Fund has ceased. If posts are being created please specify how the exiting of employed staff will be managed by the organisation.

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Q8. Is any other match funding to be used to support this project or is similar activity being currently engaged in by your organisation to meet this need?

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|-----|--------------------------|----|--------------------------|--|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If 'Yes', please provide details of funding source(s) and activities |
|-----|--------------------------|----|--------------------------|--|

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Section 2: Project Management

Q9. Managing Risk - please outline the potential risks to the delivery of your proposal and what plans you have in place to minimise them

Please identify all forms of identified risk, financial and non-financial, that will impact on the delivery of the project and what steps you have in place to address them.

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Q10. Project Management: Please give details on how you will keep records of project costs (staff, participants and other costs such as materials and equipment) to verify evidence for your project spend.

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CERTIFICATE OF CLAIM

I certify to the best of my knowledge, the entries on the application form attached are true, accurate and complete and that the project is in accordance with the terms and conditions outlined in the guidance for the Enfield Community Support Fund and that there is no conflict of interest either personal nor pecuniary that affect this application or its implementation should it be successful.

I certify that there are no legal proceedings, disputes, claims or otherwise commenced or concluded against the organisation and/or individuals of that organisation which would affect performance required for this grant, impact on the Council's reputation or prevent the Council from proceeding with the award of this grant if the organisation was successful. If there are such legal proceedings, disputes, claims or otherwise commenced or concluded against the organisation and/or individuals of that organisation I certify that such detail has been provided as part of this application.

I understand that failure to disclose all information requested in support of the bid may result in the project being deemed as ineligible for consideration.

I confirm that I am authorised to sign this application form on behalf of the organisation named within this application form (where applicable).

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| Applicant Name (Print): | Date: |
| | |
| Received by Enfield Council on: | Date: |
| | |
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Two copies of the completed applications plus the required supporting documents to be emailed to the VCS Team at Enfield Council via the following email address: vcs@enfield.gov.uk. All bids logged via email as arriving after 5.00pm on Thursday 12th March 2015 will be rejected.

Appendix 1: FULL BUDGET DETAILS FOR THE PROJECT (there is a maximum amount of ECSF available per project of £10,000)

| Please indicate total project expenditure and funding on the table below | | | | | | | | | |
|--|---------------------|----|----|----|---------------------|----|--|--|-------|
| | Expenditure 2015/16 | | | | Expenditure 2016/17 | | | | |
| CAPITAL | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | | | Total |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Capital Expenditure | | | | | | | | | |
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| REVENUE | | | | | | | | | |
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| Total ECCBF funding requirement | | | | | | | | | |
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| Total Project funding requirement | | | | | | | | | |
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| Match Funding (where applicable) | | | | | | | | | |

Note: this will be the budget to which you are monitored against.

Appendix 2. DETAILED TARGET SETTING AND EVALUATION FOR PROJECTS (Outcomes & Outputs)

Please list concise details of your anticipated outputs to be delivered, and the timeframe for this.

| Please indicate total project expenditure and funding on the table below | | | | | | | | | | | | | |
|--|-------------------|----|----|----|-----------|----|--|--|-------|--|--|--|--|
| Outputs | Outputs 201/52016 | | | | 2016/2017 | | | | Total | | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | | | | | | | |
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| TOTAL OUTPUTS | | | | | | | | | | | | | |

Match Funding (where applicable)

Note: Evidence of achievement will be required as part of the performance management of approved projects.