**DOVER BIG LOCAL PARTNERSHIP**

**Use this form for grant amounts up to £500**

**About your group or organisation**

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| --- | --- |
| **Name of your group or organisation -** *as it appears on your governing document. Please check this. If the full legal name is incorrect, it may delay your application.* |  |
| **Main contact** |  |
| **Position in group** |  |
| **Address***Tell us your organisation’s main or registered address, including postcode.* |  |
| **Postcode** |  |
| **Email address of main contact** |  |
| **Telephone number** |  |

**About the project**

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| **Project Title:** *Give your project a short title so it can be easily identified (Max 10 words)* |
|  |
| **Project Summary:** *Please describe your project and the activities you want us to fund (Approx. 150 words)* |
|  |
| **Does project contribute to one of the broad activity areas identified in the Dover Big Local plan?** *(Please tick all that apply)* |
| Arts and Culture |  | Local Economy |  |
| Environment & Green Spaces |  | Communication |  |
| Sport and Leisure |  | None |  |
| **What evidence do you have that this project is needed?** |
|  |
| **How will you go about delivering your project?** *(Max 150 words)* |
|  |
| **Where will your project take place?** |
| Single premises |  | Location: |
| Multiple sites |  | Locations: |
| Ward or other area – please specify |  |  |
| **When will your project take place?** *Is this timetable realistic?* |
| Start date: | End date: |
| **Sustainability**If we award you a grant what will happen to your project when this funding is exhausted? |
|  |

**Beneficiaries**

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| **Who will benefit from/be involved in your project?** *(Please tick all that apply)* |
| Children, parents and families |  |
| Young people |  |
| Older people |  |
| Minority ethnic groups |  |
| Low income groups |  |
| People with disabilities or learning difficulties |  |
| The whole community |  |
| People with protected characteristics *(please specify)* |  |
| Other *(please specify)* |  |

**Outcomes**

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| **What difference will your project make for local people?** |
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| **How will you monitor or measure the changes being made?** |
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**The Local Community**

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| **How many people will be involved in organising and running your project or activity?** |
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| **What will their role(s) be?** *(Max 150 words)* |
|  |

**Project Budget**

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| --- | --- |
| Total Project budget | £ |
| How much are you applying to the Community Chest for? | £ |
| Breakdown by cost activity: |
| **Item** | **Cost £** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **£** |

**Matched Funding**

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| --- |
| **If the amount requested from the Community Chest is less than the total project cost where will the difference come from?** *For example, gifts in kind, other fundraising, resources given for free(Max 150 words)* |
| Source | Amount | Confirmed? |
|  |  |  |
|  |  |  |
|  |  |  |

**Bank Details**

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| --- | --- |
| **Bank or Building Society Name and Address** |  |
| **Name on statements or passbook** |  |
| **Account number** |  |
| **Sort Code** |  |
| **Building Society Roll Number if applicable** |  |
| **Address your bank or building society has for this account** |  |