

**Large Community Grants Application Form**

**This form is for applicants requesting funding over £301.**

**Project Title:** .....

**Which of the Big Local outcomes will your project address?**

- Communities will be better able to identify local needs and take action in response to them.
- People will have increased skills and confidence, so that they continue to identify and respond to needs in the future.
- The community will make a difference to the needs it prioritises.
- People will feel that their area is an even better place to live.

**Which of WeBigLocal’s priorities will your project help us to support?**

- Children & young people
- Older people
- Building the Wecock community
- Environment & facilities
- Opportunities for residents

Our priorities are detailed within the WeBigLocal Plan. See: <http://www.webiglocal.org/documents/>

**I have read WeBigLocal’s Community Grant Application notes: Yes/No**

**Applicant details:**

|                           |  |
|---------------------------|--|
| Name:                     |  |
| Position in organisation: |  |
| Telephone:                |  |
| Email:                    |  |
| Address:                  |  |
| Post code                 |  |

**Organisation details:**

|                                   |     |                             |
|-----------------------------------|-----|-----------------------------|
| Address (if different from above) |     |                             |
| Phone (if different from above)   |     |                             |
| Email (if different from above)   |     |                             |
| Website                           |     |                             |
| Registered Charity?               | Y/N | Charity Number:             |
| Voluntary / Community Group?      | Y/N |                             |
| Company Ltd by Guarantee?         | Y/N | Company Number:             |
| Parish/Town Council               | Y/N |                             |
| School                            | Y/N | Dept. for Education Number: |
| Health Body                       | Y/N |                             |

**When was your organisation set up?** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Are You VAT Registered?** \_\_\_\_\_ if so, what is your VAT registration number: \_\_\_\_\_

**Are you part of a larger organisation?** \_\_\_\_\_ If so, what is the name of the larger organisation?

**Are there restrictions on who can join your organisation?** \_\_\_\_\_  
If so, what are they and why do you have them? \_\_\_\_\_

**Please tell us how your project fits with the WeBigLocal Plan.**

**What does your project deliver?**

**Why is your project needed?**

**Where will your project be based?**

**What will be the difference the project has made in Wecock Farm?**

**When will your project take place?**

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Flexible Y/N

Please give a full breakdown of project costs below and how much you want from WeBigLocal.

|                          |   |
|--------------------------|---|
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| £                        |   |
| TOTAL AMOUNT APPLIED FOR |   |
|                          | £ |

If you are applying for additional costs to fund your project, where are the rest of the funds coming from?

---

---

How have you worked out your costs?

How will you sustain your project after initial funding?

**Please provide a summary of your most recent accounts**

Are the figures below:

- information from the latest accounts approved by your organisation? Y/N

Or

- a projection because your organisation has been running less than 15 months? Y/N

**Details:**

Account year ending:

Total income for the year (A) £

Total expenditure for the year (B) £

Surplus or deficit at the year end (A-B) £

Total savings or reserves at the year end £

Have your accounts been independently audited? Y/N

**If successful the grant will be paid directly to your organisation’s bank account. Please provide details below:**

|                 |  |
|-----------------|--|
| Bank name:      |  |
| Account name:   |  |
| Sort code:      |  |
| Account number: |  |

I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for additional information at any stage of the application process.

By signing this form you are also confirming that you have read the guidelines and will be able to complete your project and return the monitoring and evaluation forms as required.

**Name**..... **Date**.....

Please return your completed application form to:

Email: [admin@webiglocal.org](mailto:admin@webiglocal.org)

Post: WeBigLocal Office, The Acorn Community Centre, 3 The Kestrels, Wecock Farm, Waterlooville, Hampshire, PO8 9UB

If you require any further information or need help to complete this form, please contact Charlotte Stiles on 07734 346979.

|                         |        |
|-------------------------|--------|
| For office use:         |        |
| Grant successful        | Yes/No |
| Amount payable:         | £      |
| Date money transferred: |        |

