## **Dartford Big Local Grant Application Form**





| 1. About your organisation  |
|---|
| Name of organisation:   |
| Address:  |
|   |
| Website (if any):   |
| Contact Name:   |
| Contact Position/Job Title:   |
| Contact Email:  |
| Contact Phone:  |
| From district the support of free to DIC I apply  |
| Funding requested from BIG Local:   |
| £   |
| Please tell us about the aims and purposes of your organisation or group. (Maximum 200 words) |
|   |
|   |
|   |
|   |
|   |
|   |

| 2. About your proposal  |
|---|
| What is the <u>primary</u> BIG Local programme objective your project aims to meet? (Tick ONE box only) |
| Fostering a 'can-do' mentality and encouraging residents to take responsibility for change              |
| Physical improvement of public facilities / community assets  |
| Social activities for residents to reduce social isolation and promote community cohesion               |
| Helping residents facing food insecurity  |
| Improving physical and mental health  |
| Please describe in detail how you will use the BIG Local grant (Maximum 400 words)                      |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| How will the grant make a difference to the BIG Local community and how will you evidence this?         |
| (Maximum 200 words)   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| What evidence of need do you have for your project (including community consultation)? (Maximum 200 words) |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Who will be the primary beneficiaries from your proposal? (Tick all relevant boxes)                        |  |  |
| The win se the primary senenciance from your proposar. (Not all relevant sexes)                            |  |  |
| Young people   |  |  |
| Ethnic minorities  |  |  |
| Families   |  |  |
| Faith Groups   |  |  |
| LGBT+ community  |  |  |
| Senior citizens  |  |  |
| People with health conditions or impairments   |  |  |
| Total number of DIRECT project beneficiaries?  |  |  |
| Number of DIRECT project beneficiaries from the Dartford BIG Local area?                                   |  |  |
| Project start date? (Please note the earliest projects can start is 1 <sup>st</sup> May 2025)              |  |  |
| Project end date? (Please note projects can end no later than 31 <sup>st</sup> January 2026)               |  |  |
| Is this activity free to the beneficiaries to take part? Yes / No  |  |  |
| If no, how much will be charged and why?   |  |  |
|  |  |  |

| Will any volunteers be invol  | vod in vour propa    | scal? If an  | how many and in what            | t capacity               |
|---|----------------------|--------------|---------------------------------|--------------------------|
| will any volunteers be invol  | ved in your propo    | osai? II so, | now many and in wha             | Capacity.                |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
| How will you identify and   | engage with pro      | oject benefi | ciaries? (Maximum               | 200 words)               |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
| 3. Financial information  | tion                 |              |                                 |                          |
| Project Costs   |                      |              |                                 |                          |
| Is your application for a small   | all grant or a large | e grant?     |                                 |                          |
| Small grant (up to  |                      |              |                                 |                          |
| Small grant (up to £5,000   | Yes / No             |              |                                 |                          |
| Large grant (£5,001 to £20,000)   | Yes / No             |              |                                 |                          |
| Please provide a detailed b   | reakdown of the a    | amount you   | are applying for.               |                          |
|   |                      | -            |                                 |                          |
| Budget Heading (e.g. venue hire, equipment, insurance) including a summary explanation of how figures were calculated. Insert additional budget lines if necessary. |                      | Total Cost   | Amount requested from BIG Local |                          |
|   | <b>g</b>             |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
| Totale  |                      |              | C                               |                          |
| Totals  |                      |              | £                               | £                        |
| If there is a difference between  | een Total Cost ar    | nd Amount F  | Requested from BIG L            | ocal, please explain the |
| reasons and indicate wheth  |                      |              | •                               | ·                        |
|   |                      |              |                                 |                          |
|   |                      |              |                                 |                          |
| Is there anything else you  | ı would like to te   | ell us about | your application? (M            | Maximum 200 words)       |

| 1.            | DECLARATION  |
|---------------|--|
| You <b>mu</b> | st tick all the boxes below to confirm that:   |
|               | You have answered all the relevant questions in this application form.   |
|               | You are authorised to apply for a grant from Dartford BIG Local on behalf of your organisation.  |
|               | You certify that the information contained in this application is true and accurate.   |
|               | You will notify Dartford BIG Local immediately if the information changes in any way.  |
|               | You give permission for Dartford BIG Local to record the information in this application electronically and to contact the organisation by telephone, post or e-mail to discuss its activities or funding opportunities  |
|               | You confirm that your organisation will only use the grant for the reason given in this application. If it is used for anything else, Dartford BIG Local may ask the group or organisation to repay it and may want to see your organisation's accounting records. |
| 1 1 1         | You acknowledge that the group or organisation will also have to repay any money you don't spend.  |
|               | You understand that the Dartford BIG Local's decision is final.  |
|               | You understand that your organisation is required to report back on the way the grant has been used and its impact.  |
| 1 1 1         | Unless you notify the Dartford BIG Local to the contrary, you give consent for the Dartford BIG Local to use photographic images or film footage for publicity and promotional purposes.   |
| Signatu       | ıre:   |
| Full nai      | me:  |
| Positio       | n:   |
| Date:         |  |
| SENDIN        | NG US YOUR APPLICATION   |
|               | fer to receive applications by email, but we will also accept them by post. When your application lete, please email it to: <b>Gavin.Maynard@dartford.gov.uk</b>   |
|               | put the name of your organisation in the subject field of your email. You will receive an ledgement to confirm that we have received your application.   |

| Or send your applicat   | ion by post to:  |
|---|--|
| Gavin Maynard Community Funding Co Dartford Borough Coun Civic Centre, Home Gar |  |
|   | red to include the following documents in support of your application?                                   |
| A copy  | of your Constitution or Terms of Reference.  |
| A copy  | of a recent bank statement (less than 6 months old).   |
| A copy  | of your last set of Accounts or, if a new organisation, your Forward Forecast.                           |
| A copy  | of your Public Liability Insurance Certificate   |
| A copy  | of your Safeguarding Policy  |
| A copy  | of any other policies that are relevant to your proposed activities                                      |
| List of   | management committee/trustees/directors  |
|   | uments must be enclosed with all applications.<br>ormation we will ask you for it during our assessment. |
|   |  |
| For office use of   | only:  |
| Amount Requested  |  |
| Application Reference<br>Number   |  |
| Document Checklist<br>Complete  |  |
| Notes   |  |
| Reviewing Officer   |  |
| Grant Approved  | Grant Declined Further Information   |
| Offer Letter  | 3.2  |
| -   |  |





