 

Chambers Wharf Community Enhancement Fund Application Form

**Section 1: Project**

|  |  |
| --- | --- |
| Project title |  |
| Name of organisation |  |
| Amount of funding requested |  |
| Project summary (maximum 50 words) |  |

**Section 2: Applicant details**

|  |  |
| --- | --- |
| Main contact |  |
| Position in organisation |  |
| Telephone |  |
| Email |  |
| Postal address |  |
| Name of organisation |  |
| Charity number (if applicable) |  |
| Company number (if applicable) |  |
| Organisation’s registered address |  |
| Website (if applicable) |  |

|  |  |  |
| --- | --- | --- |
| Which category does your organisation/group belong to? |  | Local Community and Voluntary Group |
|  | Co-operatives  |
|  | Faith and Equalities Groups  |
|  | Social Enterprises  |
|  | Small-Medium Enterprises |
|  | Other | Please describe |  |

**Section 3: Eligibility**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How will this project be delivered, through an organisation or collaboration? |  | Yes |  | No |
| If yes, please list the names of the organisations, which you will be delivering this project with. |  |
| Please include an address where the main focus of the work will be.(e.g. location of infrastructure to be installed, location of proposed event)  |  |

**Section 4: Planning a successful project - project plan**

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| What are the main objectives of the project? |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| Please describe the project (Maximum 300 words) |
|  |
| What is the start date? |  | What is the end date? |  |
| How will you monitor progress against the above objectives?  |

|  |
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| Please outline the top three key risks associated with this project and how these will be mitigated. |
| Risk | Description | Mitigation Strategy |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| What local research/consultation has been carried out to support this proposal? |  |
| Outline the community support for this project. |  |

**Planning a successful project - project budget**

|  |  |
| --- | --- |
| What is the total cost of this project? |  |
| How much funding are you requesting? |  |
| Provide a detailed breakdown of cost.(Add more rows as needed) |
| Item(E.g. staffing costs, equipment, and installation) | Calculation(E.g. £10 x 3 = £30) | Amount (£) |
|  |  |  |
|  |  |  |
| Total |  |
| If you have secured or are seeking additional source(s) of funding, please provide the details here. |
| Income / Matched Funding Source | Secured?(Yes / No) | Amount (£) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |

Project specific documents:

* Health & safety policy.
* Child protection and vulnerable adults safeguarding policy.
* Statement evidencing that all staff & practitioners are DBS checked to the required standards for the project being undertaken.
* (Covid) Risk Assessment.
* Public Liability Insurance

Please attach additional supporting information.

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| ***DECLARATION***I the undersigned confirm the information given in this application is correct. We will inform the relevant officer of Southwark Council of any changes in the organisation’s contact details or circumstances that would affect this application or the use of any fund relating to it. Signed: on behalf of the organisationName in block capitals: Position in the Organisation: Date:  |