

For office use only

Application Ref No:

Organisation Ref No:

Date of receipt:

Amount requested: £

Community Development Fund Application form

Before you start

1. Please read the guidelines document before applying to make sure you are eligible for the fund and that this is the right fund for your organisation
2. You must complete in BLOCK CAPITALS, or Arial typed font size 12.
3. Complete the form in full, otherwise it will not be considered
4. If you have questions about the form, or about support needs completing the document please contact the community development manager, details below.
5. When complete, please send this form and all supporting documents to:
Community.Development@slough.gov.uk
or by post to:

Zulf Awan
Community Development Manager
2nd Floor East
St Martins Place
51 Bath Road
Slough
SL1 3UF

Tel: 01753 875413

Completed applications must be sent to the above address by the closing date on the Guidance Form.

The small print

- The service will acknowledge the receipt of your application within 14 working days of its receipt.
- The service lead will not consider applications later than the closing date on the Guidance Form.
- Prior consideration will be given to organisations not awarded within the latest 12 months.
- The council reserves the right to negotiate the final contract.
- The council may require additional information prior to agreeing any funding and reserve the right to negotiate changes with the applicant.
- The council reserves the right to reject an application that does not comply with the guidance.
- Applications must be completed in full and signed and dated on behalf of your organisation.
- The council will only accept fully completed applications and reserves the right to challenge costs.

Section A - About your organisation

A1. What is the name of your organisation?

Any other names or acronyms your organisation has been known by?

Are you a branch of a larger organisation?

If yes, please state the name/address and status of the larger organisation?

A2. Your organisations address

Address:	
Postcode:	
Website:	

A3. Tell us about your group or organisation

e.g. what do you do, what are your aims - you'll have space to talk about your project later

maximum 200 words

A3a. Please name other organisations and partnerships (if any) you propose to work with to deliver this project (please describe the nature of the relationship e.g. how involved other partners are and who will do what)

maximum 150 words

A4. Please give the name of the person dealing with this application, and their position within the organisation e.g. secretary or treasurer:

Name:	
Position:	
Landline/ mobile no:	
Email address:	

We will contact this person if we have questions about your application

A5. What is the legal status of your organisation?

e.g. community group, registered charity, religious or national organisation etc.

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Please submit a recent signed copy of your constitution or aims and objectives that govern your organisation and the latest audited accounts with a recent bank statement

A6. Has your organisation or the project received a council fund in the past?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide details, including the date the funding was awarded.

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A7. Where did you hear about this fund?

e.g. community development officer, funding workshops, internet, leaflet/poster, word of mouth, funding fair etc

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A8. If you are working with one of our community development workers please tell us who.

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Section B – About your project/scheme

B1. What is the title of your project or scheme? (in no more than five words)

B2. Please describe your project/activity

maximum 250 words

B3. Community need. Tell us why your project is needed and how you will work with residents to address the issues.

maximum 200 words

B4. Priority outcomes: *Please describe how your organisation and the proposed project/service supports the council's five year plan. You will need to meet at least one of the five year plan areas listed in the Guidance Notes under Fund Guidelines.*

Describe how your project supports the five year plan.

maximum 500 words

B5. What are you project's timescales?

Start date		End date	
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B6. Where will the project take place?

(if this is different to the organisation address e.g. a park or a community centre)

Location/ address:	
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B7. Project costs and amount requested from the Community Development Fund Scheme

Total project cost:	£		Amount requested:	£
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(N.B please note the amount requested cannot exceed the maximum fund available, for more details please refer to the guidelines)

Please list below the items the fund will pay for if your funding is approved.

Please refer to the guidance notes to see which items are eligible.

Breakdown of items and cost you are applying for	A. Cost of item £ (including VAT)	B. Amount requested from CD fund	Quote/estimate included <input checked="" type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
	£		<input type="checkbox"/>
Total cost of the items you are applying for from the Community Development Fund	£		

Estimates/quotes must be provided with the application. We cannot process your application without this information. Photocopied catalogue pages are acceptable; please note we are unable to accept written lists of items you are applying for, please see examples on the guidance notes.

B8. a) If the total in column A is higher than the total in column B, where is the rest of the funding coming from?

b) Have you or do you intend to apply for funding from other funding organisations, for the same costs/project? If yes please complete the table overleaf with details of the funding source and how the contribution supports the project

Yes		No	
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Funding source	Amount	Has this funding been secured? Yes or No

c) What do you intend to do if you are awarded funding for the same costs/project from multiple funders?

It is important that you tell us if you receive any other funds for the same project. Failure to disclose this information may result in you having to give back the award. Please note we cannot accept receipts that have been used as evidence to other funders. Random checks take place so it is important that you comply with Community Development Fund rules.

B9a. Value for money. How will your project demonstrate value for money?

maximum 100 words

B9b. Volunteering and in kind contributions. Does your project involve volunteers? If so please add details of this and any other in kind contributions the project is generating

maximum 100 words

B10. Sustainability. How will you fund the activities once the funding has ended?

maximum 100 words

B11. Have you or will you work/discuss this project with any other Slough council officers or elected members on this project?

Section C - Who will benefit from your project or activity?

We require this information to ensure that Community Development Funds are available to all sections of the community in an open and accessible manner.

C1. Project impact

- a. Approximately how many people will access/benefit from your project?
What percentage of people will be from Slough?

maximum 150 words

- b. Equality, diversity and accessibility - will specific groups of the community be targeted? Please specify:

maximum 100 words

- c. Can anybody take part in your project, regardless of age, disability, race, religion or belief, pregnancy and maternity, gender reassignment, marriage or civil partnership, sex, or sexual orientation?

Yes

No

If no, please specify why:

maximum 50 words

- d. **Success factors.** How will you measure the progress of the activity/project and demonstrate that it has achieved the projects goals? *We will ask you to report on performance as agreed by the community development manager.*

maximum 250 words

Section D – Legal documents

D1. Safeguarding children, young people and vulnerable adults

- a. Does your project involve work and/or contact with children, young people under the age of 18 or vulnerable adults?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If no, please go to question D2

If yes, as a minimum we expect you to:

- Have a named person who is committed to children and young people's wellbeing and safety
- Have safeguarding policies in place that are appropriate to your organisation's work and the project for which you are seeking a Community Development Fund
- Have procedures of how to safeguard and promote the welfare of children, young people and vulnerable adults, including procedures for dealing with allegations of abuse against members of staff and volunteers
- If appropriate child protection training, whether new or 'refresher' training, must be undertaken within three years prior to your application
- Appropriate DBS checks in place and renew checks every 3 years
- If appropriate provide child protection training and health and safety training or guidance for staff and volunteers. This should be in line with your safeguarding training plan.

- b. Does your organisation meet the above minimum requirements?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Please provide certificates, registration or inspection details (such as child protection training, OFSTED or Care Quality Commission) to evidence that you meet the above minimum requirements:

D2. Health and safety

Are there any health and safety implications relating to this project?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If yes, have you carried out a risk assessment?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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Please provide relevant details below:

maximum 100 words

Please contact your area community development officer for any support/training requirements on Community.Development@slough.gov.uk

D3. Insurance

Does your organisation have insurance cover to undertake the project?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable	<input type="checkbox"/>
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If yes, please tick below, according to the type of insurance and send a copy of your certificate(s) with this form.

Public Liability	<input type="checkbox"/>	Contents Insurance	<input type="checkbox"/>	Buildings Insurance	<input type="checkbox"/>
Employee Liability	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

Have you applied for insurance for this event and been refused?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provides details below:

Section E - Approvals

Statements of agreement

Terms and conditions

I/We have read and understand the terms and conditions of the Community Development Fund.

I/We agree to provide all necessary documentation for verification prior to being considered for funding and to provide regular project feedback and financial monitoring information as required.

I / We also understand that Slough Borough Council could require all or part of the approved funding to be repaid. This is known as "clawback". Clawback can be enforced by the council if an organisation fails to comply with the terms of the application/agreement and/or the terms and conditions in the guidance. The council can enforce clawback if the fund is used for purposes other than those stated in the application, where duplicate funding is given to the organisation from other funders or where the organisation does not provide sufficient receipts as evidence of spend.

Please note that if you do not sign the declaration below we will not be able to process your application for a Community Development Fund

Data protection statement

We store information securely about community groups that we fund and/or work with including contact details of the organisation and individuals involved. We get in contact with these groups and individuals from time to time in order to share events and funding opportunities.

If you would like to receive event and funding information via email from the Community Development team, please tick here

If you have any queries relating to fair processing please visit www.slough.gov.uk/yourprivacy or email dataprotectionofficer@slough.gov.uk

I confirm I have read the above terms and conditions and the data protection statement.

Signature:

Date:

Signing on behalf of
the organisation:

Checklist

Have you enclosed?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. A copy of your organisation's constitution, articles of association, or memorandum of agreement and audited accounts plus latest statement. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Costings and quotes to support your application. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Relevant up to date insurance certificate(s) (if applicable). | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Copies of the following policies (if applicable) to support your application
Child protection
Vulnerable adults
Health and safety
Equal opportunities | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Letters confirming any other secured funding for this project. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Any further supporting documentation. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please note that failure to submit the requested documents will result in your application not being processed and being presented to the panel for a decision. This will result in your project not receiving Community Development Fund.

The information provided on this form may be shared with other organisations for the prevention and detection of crime. We will also include your details on our engagement database to make you aware of key events in your area unless you advise us otherwise.

Do you wish to be added to the community database?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Appendix one: Due diligence self assessment

Due diligence for potential suppliers

Please complete the due diligence form below - this is required as part of completion of a contract. If it is subsequently found that any of the answers that you give are false, then Slough Borough Council reserves the right to terminate without notice any contract that may exist between your organisation and Slough Borough Council.

Your organisation

Organisation details

Organisation name	
Organisation type (Please tick/yes)	<input type="checkbox"/> Local authority <input type="checkbox"/> Charity <input type="checkbox"/> Private sector <input type="checkbox"/> Third sector (please state type)
Charity no.	
No. of employees in organisation	

Contact information

Full name	
Organisation address	
	Post code
Phone	
Mobile	
Email	
Organisation website	

Due diligence for potential suppliers

Area	Comment (please tick)
Compliance	
Please confirm that your organisation is registered under the Data Protection Act 1998 and is compliant with current GDPR regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(explain how you comply - max 100 words)</i>
Please confirm that your organisation is not going to sub contract any delivery for this proposed activity/programme.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm your organisation has a person responsible for receiving and responding to complaints <i>(please state)</i> .	<input type="checkbox"/> Yes <i>(policy attached)</i> <input type="checkbox"/> No
Please confirm your organisation equal opportunities policy including compliance with the Equality Act 2010.	<input type="checkbox"/> Yes <i>(please attach)</i> <input type="checkbox"/> No <i>(explain how you comply with Ac - max 100 words)</i>
Health and safety	
Please confirm your organisation has a health and safety policy.	<input type="checkbox"/> Yes <i>(please attach)</i> <input type="checkbox"/> No <i>(describe arrangements in place - max. 100 words)</i>
Have you been subject to any Improvement or Prohibition Notices or prosecution or been a defendant in any case brought under health and safety legislation within the last three years?	<input type="checkbox"/> Yes <i>(please provide details)</i> <input type="checkbox"/> No

Area	Comment (please tick)	
If using your own premises please confirm your organisation has a policy for risk assessment for its premises.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Please confirm your organisation's insurance policies are currently in place.	Employer's liability <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount of cover: £	Public liability <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount of cover: £
Please confirm your organisation's insurance policies are displayed (with renewal date).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please confirm that your organisation is not in the process of making a claim against any of your insurance policies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please confirm your organisation has a safeguarding procedure (including child protection where relevant).	<input type="checkbox"/> Yes <i>(please attach)</i> <input type="checkbox"/> No <i>(describe how safeguarding is assured within your organisation - max 100 words)</i>	
Please confirm relevant staff have received safeguarding training (including child protection where relevant).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please confirm your organisation has a CRB/DBS policy including checking of relevant staff to ensure they are up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please confirm that any fund/funding applied to the proposed service will not be used for any specific religious or political purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Area	Comment (please tick)
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Finance Do any of the following statements apply to any directors of your organisation or person responsible for delivering the proposed service?	
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(i) Convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Prosecuted for a breach of any statute relating to health or safety of employees or others	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Declared bankrupt or insolvent either personally or as a director or partner of a company that went into liquidation or receivership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Served with a prohibition notice under the Health and Safety at Work Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) The subject of a recovery action by Customs and Excise or the Inland Revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi) The subject of a County Court Judgement (CCJ) within the past three years	<input type="checkbox"/> Yes <input type="checkbox"/> No

Conflict of interest Please disclose in the box below if anyone connected with the management/directorship/ownership of the business/group making this tender/funding application has any relationship with any councillor or employee of Slough Borough Council, or if any person works for the council in any way. If none please indicate.			
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Name:		Position within applying organisation:	
		If employed by Slough Borough Council, position within the council:	
Councillor or employee's name:		Relationship with above person:	

Signature	
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Signature:	
Print name:	
Date:	
Position held:	
On behalf of: (Name of the organisation)	