|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Funding BID Application  + £5,001 – £15,000 | | | |
| Please complete the below form to request funding for your event to be included as part of the Borough of Culture 2020 programme. All grant applications will be considered against the funding criteria and all successful applications will be subject to evaluation to measure the success of the programme post 2020. Minimum funding available per application is £5,001 up to £15,000. | | | | |
| **Organisation or Group Name**  **(If Applicable)** | |  | | |
| **Lead Contact Name** | |  | | |
| **Contact Address** | |  | | |
| **Telephone Number** | |  | | |
| **Email Address** | |  | | |
|  | | | | |
|  | | | | |
| **Is your organisation a:-** *(please tick)* | | | | |
| A registered charity | | |  |
| An unregistered voluntary group | | |  |
| A community group | | |  |
| Company limited by guarantee | | |  |
| Other | | |  |
| **Please provide a short description of your group or organisation and the type of work it does.** | | | | |
| Please use this section to evidence your track record of working collaboratively with other organisations as detailed in the eligibility criteria. | | | | |
| **Thinking about the specific criteria you are applying for funding under, what do you consider to be the strengths of your:-** | | | | |
| **Organisation:** | | | | |
| **Service:** | | | | |
| **Approach:** | | | | |
| **Please describe your project or event – what do you want funding for?** | | | | |
| Please give a full description, including the location or venue of the event and the date/ time it will be hosted and how the proposal illustrates how it will meet at least 3-4 of the top 5 objectives as detailed in the criteria document. | | | | |
| **Please provide a start and end date for this project or event** | | | | |
| Please note all projects and events should be completed by 31st December 2020. | | | | |
| **How will you promote this project or event?** | | | | |
| Please include any social media, posters, leaflets etc | | | | |
| **How do you intend to ensure that your project or event is as inclusive as possible?** | | | | |
| Please take in to consideration the needs of wheelchair users, visually impaired participants, participants with sensory needs or any participants with language barriers. | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What help/support do you need from the Council to make this happen?** | | | | | | | | |
| Please be as specific as possible including all requests for funding, space i.e. use of a park or Council building, equipment, contacts, promotion, research and evaluation etc. | | | | | | | | |
| **If you are requesting funding, please give a breakdown of total cost of the project or event below.** | | | | | | | | |
| **Item** | | | **Amount** | | | | **Amount requested from Sefton Council** | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
|  | | |  | | | |  | |
| **Total** | | |  | | | |  | |
| **If the amount requested from Sefton Council is less that the total required for this project or event, please detail below how the funding gap will be met.** | | | | | | | | |
| Please detail all match funding including donations, fund raising and successful funding applications. | | | | | | | | |
| **Can your organisation reclaim VAT?** | | | | | | | | |
| Yes | | |  |
| No | | |  |
| **Does your organisation have any of the following?** | | | | **Yes** | **No** |
| Public Liability Insurance? | | | |  |  |
| Leaders Qualification | | | |  |  |
| Affiliation to a Governing Body? | | | |  |  |
| Other Insurances? | | | |  |  |
| **Do you plan on working with any partner organisations to deliver this project or event? If so, please indicate who you will be working with and how the partnership will work.** | | | | | | | | |
| Please provide as much information as possible including what role each organisation will play in the planning, implementation, financial monitoring including payments and in producing the evaluation reports. | | | | | | | | |
| **Please tick which objectives your project will meet and outline how they will be met?**  **Your project must support at least 2-3 objectives.** | | | | | | | | |
| **Objective** | **Check** | **Detail** | | | | | | |
| Children and Young People – Increase engagement with children and young people. |  |  | | | | | | |
| Positive Outcomes - Improving health and wellbeing through access to cultural activities. |  |  | | | | | | |
| Communities – Increase participation, particularly from the ageing society. |  |  | | | | | | |
| Distinctiveness of Place – Promote the creative and cultural offer. |  |  | | | | | | |
| Infrastructure – Leaving a legacy through better infrastructure for culture and creativity. |  |  | | | | | | |
| **How will you evaluate your project? Please tick all that apply.** | | | | | | | | |
| Event postcards (provided) | | | | | | | |  |
| Event Survey(s) see eligibility criteria | | | | | | | |  |
| Comment Cards | | | | | | | |  |
| Social Media Stats | | | | | | | |  |
| Online survey (provided) | | | | | | | |  |
| Case Study Form (2-3 to be provided) | | | | | | | |  |
| Schools Feedback | | | | | | | |  |
| Visitor Numbers (in comparison to previous events) | | | | | | | |  |
| Volunteers | | | | | | | |  |
| Other (please detail): | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **How many residents do you think will benefit from this project or event?Ho** | | |
|  | | |
| **Does your project involve work with children, young people under the age of 18 or vulnerable adults?** | | |
| Yes |  |
| No |  |
| **If yes, as a minimum we expect you to:**   * **Have safeguarding policies in place and a nominated Safeguarding Lead Person, appropriate to your organisations work and the project you are asking us to fund.** * **Review your safeguarding policies at least every year.** * **Complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people and vulnerable adults, including checking criminal records and taking up references.** * **Check criminal records at least every three years.** * **Follow statutory best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults.** * **Provide child protection and health and safety training or guidance for staff or volunteers.** * **Carry out risk assessments if appropriate.** * **Secure appropriate insurances.** | | |
| **Does your organisation meet these requirements?** | | |
| Yes |  |
| No |  |
| If your application is deemed to meet the criteria, the following information will be required:   * A copy of the group’s latest bank statement plus end of year accounts. * A copy of your organisation’s constitution or aims and objectives or last recorded decisions. * Copies of any supporting information which you have obtained to show that the amount of the grant you are requesting and total cost of the project is accurate.   **Important information to remember: if the application is successful you will be expected to provide information backed up by evidence showing what your project has achieved.** | | |
| **DECLARATION** | | |
| This application must be signed by two members of the group, one of which must be the named contact on the first page of the application. We confirm that the information in this application is true and correct to the best of our knowledge and any grant received will only be used for the project named in the application. We also confirm that we will complete the evaluation form provided and return it on or before the agreed date and will provide written evidence of how the money has been spent.  We confirm we have submitted this form on behalf of the organisation and we are authorised to represent it.  We accept that by completing this form; the name of the organisation; the amount and type of grant awarded; how the money will be spent; the decision date of the grant; the area and the people who will benefit, will be on public record.  These details are stored on a database for the use of Sefton Council who monitor grants paid to the community and voluntary organisations. We accept and agree that Sefton Council may publish these details.  Signature One: Signature Two:  Date: Date:  On behalf of: On behalf of: | | |

|  |  |
| --- | --- |
|  |  |
| Internal Use Only |  |
| **BoC Objective(s) Met** | **Evaluation Method** |
|  |  |
| **Funding Granted**  **(delete as applicable)** | **Amount** |
| Yes/No |  |

Please email all completed forms to [BOC2020@sefton.gov.uk](mailto:BOC2020@sefton.gov.uk)