



Communities for Health Funding Project Application Form 2009

Please read the attached information before completing this form in black ink, or typeface

The boxes on this form expand as you type in them. If you are completing this by hand and need more space, either continue on separate sheets (clearly labelled) or expand the boxes electronically before printing off.

Project Name			
Name of Group/Organisation			
Status of Organisation (please circle)	Statutory	Social Enterprise	Community/Voluntary Group
	Charity	Community Interest Company	Other (please state)
Contact Name			
Position Held in Group/Organisation			
Contact Address (to include full postcode)			
Telephone		E-mail	
Contact Name		Date Submitted	
Project Details	Relevant information		
What is the main purpose of your project? (Aims & Objectives)			

Tell us briefly about the activities you are planning?	
If working in partnership, who are your Partners and what is their role?	
In which geographical area will this project be delivered?	
What are the expected improvements that your project will bring to your community's health and wellbeing? E.g. Who will benefit from what you are going to do and how? How will the improvements and benefits be measured (targets)? (Key outputs and outcomes).	
Timescales	
Evidence of Need (Please provide specific references)	<i>(Essential - projects that do not address an issue in the LAA (Local Area Agreement) and in both the Sustainable Community Strategy for Dorset and the District/Borough Community Plans will not be considered)</i>
*Which issue in the Sustainable Community Strategy for Dorset does your project address and how?	
*Which issue prioritised in the Community Partnership Community Plan will your project help to tackle and how?	
Will it help to tackle an issue prioritised in a parish or town plan? (If so please provide specific reference i.e., which issue, in which parish plan).	
Which, if any, of the LAA themes & targets will your project address?	

Sustainability of the Project	
How will you ensure that your project is sustainable? i.e. What plans do you have for extending the life of the project? How will you fund future activity?	
Equality and Diversity Assessment	
What impact will the project have on one or any of the 6 equality groups: gender, race, disability, age, faith, or sexual orientation?	
Monitoring & Evaluation	<i>Quarterly project reports will be expected until completion of project/ funding utilised, together with a final project report.</i>
Who will be responsible for the completion and provision of an evaluation report on the project?	
How will progress be monitored and the project evaluated?	
Risks to the Project	
Has your project been subject to any risk assessment? If yes, please attach details.	YES/NO
What might cause the project to fail? What will you do to manage these 'risks' to the project, who will be responsible for this and how will this be monitored?	
Please state here any further information in support of your project bid; maps, planning permission notification, project plan.	

Funding Requirements and Sources	
Please describe any contribution you and/or your partners are making towards this project.	
Tell us how much money you need for your project and give us a breakdown of what the money is for.	

Item or activity	Cost	Amount requested
Total		

Where funding is being sought elsewhere, please give details:

Item or Activity	Cost	Source of funding (Indicate – confirmed (c) or Unconfirmed –(u))	Amount Required

Total cost of project

Amount requested

For non-statutory applicants:

If you are successful you will be required to supply the following documentation. Please indicate that these are available.

A copy of your latest annual accounts

A copy of your terms of reference or constitution

Is your organisation a registered charity?

If yes, give your charity number

For all applicants:

If you are successful you will be required to supply the following documentation. Please indicate that these are available.

A copy of your equal opportunities policy

A copy of your safeguarding children and vulnerable adults' policy & procedures, if appropriate

Do you have the appropriate insurance cover for the activity/project applied for?

Bank Details

Provide bank or building society account details where the fund is to be awarded:

Account Name.....

Bank/Building Society Name.....

Bank/Building Society Address.....
.....
.....

Bank Account Number.....Sort code.....

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

Signature	
Name (print)	Position
Date	

Please return this form to: Hugh de longh, North Dorset District Council, Nordon, Salisbury Road, Blandford Forum, DT11 7LL, email Hdelongh@north-dorset.gov.uk by **Monday 20th September 2010**