**Sutton Physical Activity Fund Application Form**

**Please read the Sutton Physical Activity Fund Guidance document before completing this form.**

**Please do not attach any additional information that is not explicitly requested in the application form.**

**We will not accept paper applications unless there are exceptional circumstances.**

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| **Part One:Contact Details**  Please list the contact details for the main contact for your group. This person must be a member of your organisation. | |
| Title |  |
| Forename |  |
| Surname |  |
| Position |  |
| Address |  |
| Phone Number |  |
| Email Address |  |
| Do you have any additional communication needs? |  |
| If yes, please provide details. |  |

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| **Part Two:Contact Details**  Please list the contact details for the main contact for your group. This person must be a member of your organisation. | |
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| **Part Two: Your organisation** | |
| **What is your organisation’s name?** |  |
| **What is your organisation’s address?** |  |
| **Charity Number (if applicable)** |  |
| **Company Number (if applicable)** |  |
| **When did your organisation start (month/year)** |  |
| **How many people are on your organisation’s governing body, management committee or board of directors?** |  |
| **How many people do you employ and how** |  |

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| **many full time equivalent posts (35 hours per week) do they fill?** |  |
| **How many volunteers do you manage and, if you have the information, how many full time equivalent posts (35 hours per week) do they fill?** |  |
| **Are there any restrictions on who can join your organisation?** |  |
| **If yes, what are they and why do you have them? (Up to 50 words)** |  |
| **Does your organisation have a website?**  **If yes, what is your website address?** | **Yes/No** |
| **Please give details of the bank or building society account into which we would pay the grant:**  **Name of the bank or building society you hold an account with**  **Your account name (the organisation name on your statements)**  **Sort code**  **Account number**  **Building Society roll number (if appropriate)** |  |
| **Please provide a summary from your most recent accounts and attach a copy of your most recent annual reports / accounts:**  **Account year ending: dd/mm/yy**  **Total income for the year (A)**  **Total expenditure for the year (B)**  **Surplus or deficit at the year end (A-B)**  **Total savings or reserves at the year end** |  |
| **Please provide an overview of your reserves policy** |  |
| **Please provide details of any quality standards your organisation meets. (Max 150 words)** |  |
| **Please provide a summary of what your organisation does. (Max 150 words)** |  |

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| **Part Three: Your Project/Activity** |
| **1.Please give a brief description of your project and the activities you want to deliver and proposed start date .**  **(Max 250 words).** |
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| **2. How will your project support less active groups to become active? (Max 150 words)** |
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| **3.What are the three main outcomes (changes, benefits, learning or other effects) you want to achieve with your project?**  **(Max. 150 words)** |
| **3.1**  **3.2**  **3.3** |
| **4.What evidence do you have to show that your project is needed? Have you spoken directly to any potential service users of your service when developing your project proposal**  **(Max 150 words)** |
|  |
| **5.Are you aware of any other organisations who are offering similar provision/activities and have you explored any opportunities to work in partnership? (Max 150 words)** |
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| **6.How will you monitor and evaluate your project and demonstrate that you have met your outcomes (those listed in 2.1 – 2.3 above)**  **(Max 150 words)** |
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| **Part Four: Beneficiaries of your Project/Activity** | |
| **How many people will benefit from your project in total?** |  |
| **How many of these will be Sutton residents?** |  |

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| **Please tick the boxes below to indicate the group(s) of people your project would support and give us an indication of how many people from each group.**  **(*In order for us to ensure that we are able to meet the needs of a diverse population, we need an indication of the groups who your services. In order to monitor the take up of services, if you are successful in getting a grant then we will require you to ask the people who use your service/s the monitoring questions below. However, it is entirely optional whether they give you this information*).** | | |
| **Group** | **Supports this group** | **Numbers of people** |
| **Children (under 14)** |  |  |
| **Young People (14-21)** |  |  |
| **Adults (22-64)** |  |  |
| **Older people (65+)** |  |  |
| **Women** |  |  |
| **Men** |  |  |
| **Carers** |  |  |
| **Disabilities** |  |  |
| **Black and minority ethnic** |  |  |
| **Lesbian, Gay, Bisexual or Transgender** |  |  |
| **Diverse faiths and beliefs** |  |  |
| **Of working age and unemployed** |  |  |
| **Travellers** |  |  |
| **Renting from the council or a housing association** |  |  |
| **Please tell us the location or locations where your project will operate.** | | |
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| **How will you promote your project, including to those whose first language is not English or those who may have additional communication needs or are vulnerable community members?** | | |
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| **Part Five: Your proposed funding** | |
| **Total cost of your proposed project** | **£** |
| **Detailed costs of the project (please list all the things that will need to be funded** |  |

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| **in order for your proposed project to operate\*)** |  |
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| **Total Cost of Proposed Project – should be the same as 1. (A)** | **£** |
| **Please also list any other income you have applied for or have already secured for this project. (This can include cash and support in kind).** |  |
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| **Total of any other income you have applied for/already secured for this project (B)** | **£** |
| **Amount requested from Sutton Community Fund (A – B)** | **£** |

**(\**Quotes are required for equipment or publicity material you wish to purchase using Sutton Community Fund money*).**

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| **Part Six: Please give details of other funding you have received in the last 3 financial years from LBS / Local Committees / Sutton Community Fund** | | | |
| **LBS Dept. /Local Cttee /SCF** | **Financial year** | **Amount received** | **For what purpose was the grant awarded** |
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| **Part Seven: Please check that you have included copies of the following supporting documentation** | |
| **Written Constitution or written rules of your organisation** |  |
| **Copy of most recent annual accounts** |  |
| **Copy of public liability insurance** |  |
| **Safeguarding policy (if your organisation works with vulnerable adults or children)** |  |
| **Equality and diversity policy** |  |
| **Health and safety policy covering staff, volunteers and service users** |  |
| **Compliance with GDPR** |  |

**I agree that the information provided on this form is true and correct and I agree that if my application is successful, the money can be paid into the account details stated above.**

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| **Name** |  |
| **Position in organisation** |  |
| **Date** |  |

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**Please send your completed application form with scanned copies of relevant documents to:** [**enquiries@communityactionsutton.org.uk**](mailto:enquiries@communityactionsutton.org.uk)

**DEADLINE FOR RETURNING THIS FORM**

**MONDAY 6TH NOVEMBER 2023**