



Greater Brislington Neighbourhood Partnership Wellbeing Fund Application

1. Which area of Brislington do you plan to work in?

2. Your details:

Name of your group or organisation:

Contact Address:

Post code:

Telephone number:

E-mail address:

Name of the contact person within your group or organisation:

3. Please tell us briefly about your group or organisation: What do you do?

4. Please tell us about the piece of work you are asking us to fund and who the project is aimed at.

Name of project:

Description of what the project hopes to do:

5. When will the piece of work take place?

Start date: End date:

6. Why is your project is needed? – Please also state how you have consulted with your client group.

7. How are you going to involve the wider community with your project?

8. How are you going to advertise your project? Can you help to advertise the Neighbourhood Partnership and the Wellbeing funding?

9. Impact of your piece of work

a) How many people in total will your project benefit?

b) Please state how your project fits the Brislington Community Partnership Priorities.

If it fits in with more than one, please tell us about all of them.

Please be specific about what the impact will be and how it will be recorded.

Priority	How does the project fit the criteria? (e.g. 12 people to receive training, one community event with 150 attendees)	How will you record and evidence our achievements (this could be signing in sheets, copies of certificates, photos, video footage, case studies etc)
1.Environment		
2.Employment		
3.Older people		
4. Younger		

people		
5. Planning		
6. Health		
7. Education		
8. Leisure		
9. Crime and Safety		
10. Traffic and Transport		

10. a) How much money are you asking for?

b) Who else are you asking for funding, and how much funding have you already got?

11. Please set out a breakdown of the total costs of your piece of work showing us which items you are asking us to fund and which are being funded from another source.

Item	Cost	Source of funding (is it already funded or part of this bid?)
TOTAL COST:		

12. In order to process your application we need the documents listed below. Do you have these documents?

1. A formal written constitution (the set of rules for your group)
2. An equal opportunities policy
3. A health and safety policy
4. A Safeguarding Policy (this is required if you are working with Children and Young People or Vulnerable People)
5. Public Liability Insurance - this may also be required if you are working with the general public.

If you need help in either identifying these documents or putting together documents for your group, please do contact Ariaif Hussain on 0117 922 3218 or ariaf.hussain@bristol.gov.uk.

13 Does your group have a bank/building society account and do cheques need to be signed by two or more signatories? If yes, please provide details of the account so we can pay your grant into it if you are successful:

Name of Account:
Bank/Building Society:
Branch:
Branch Sort Code:
Account Number:

14. If you answered No to questions 12 or 13 above, we will want to pay your grant through a formally constituted group if your application is successful. Please tell us below which group will receive a grant on your behalf for this piece of work.

Name of the Group:
Address:

Name of Account:
Bank/Building Society:
Branch:
Branch Sort Code:
Account Number:

Please ask the Chair of the Group or the Group's Treasurer or Chief Executive to sign below to confirm that they are willing to receive the Grant on your behalf:

I confirm that my group has agreed to receive a Neighbourhood Partnership Grant on behalf of this group.

Name:
Position:
Group/Organisation:

Signed:

Date:

For further information or help with your application, please contact:
Gemma Dando (Area Coordinator)
0117 352 1090, 07585 909024, gemma.dando@bristol.gov.uk

Please return your completed application to:
Gemma Dando
Area Coordinator
3rd Floor Management Suite
Brunel House
St George Road
Bristol, BS1 5UY

Declaration

Signature of person submitting the form	
Signature:	
Name:	Date:
Position in the group or organisation:	

For organisations with a Management Committee: Signature of the Chair of the Management Committee (or another member of the Management Committee if the Chair is completing this form). If you are not a formally constituted group, this application must be signed by another member of your group:	
Signature:	
Name:	Date:

Checklist, please make sure you have:

- Read the Guidelines
- Answered every question
- Enclosed a copy of your constitution
- Enclose any other relevant information (e.g. Health and safety policies, risk assessments, Safeguarding Policies, public liability insurance.)
- Completed details of your bank account
- Signed the form and have it countersigned
- If necessary, obtained the details and signature of a constituted organisation to receive your grant on your behalf if you are successful