



YOUR, YOUR DECISION

Participatory Budgeting Grant Request Form

1. What is your project/proposal idea?

(In no more than 10 words)

2. How much will it cost?

How much will your project/activity cost in total?	£
How much funding are you applying for?	£
If your project will cost more than the grant you are applying for, where will the rest of the money come from?	
When is the payment required by?	

3. What is your proposal/project:

What the funding will pay for:
(What is it? Where? When will it happen?)

Discussions with local Councillor:
(Have you discussed the project with your local Councillor/s? Please give details.)

Aims of Proposal/Project - Supporting Statement:
(Why is it needed? Who will benefit? How will they benefit? Will it help to tackle disadvantaged people or improve community relations? How does it support our agreed themes/priorities (see guidance notes)?

4. Your Group/Organisation:

Name of Group/Organisation:
Main contact person for this application:
Address, Telephone Number and e-mail address:
If you have communication needs what are they? (please tick) Textphone <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Language <input type="checkbox"/> Other (please specify)
Nature of Organisation: (Type of organisation, activities, membership, ages etc.)
Does your group have a set of rules or a constitution? (please tick) <input type="checkbox"/> Yes (please enclose a copy with your application) <input type="checkbox"/> No (this will not mean that your application will be turned down)
Is your group a registered charity? (please tick) <input type="checkbox"/> Yes. Our registration number is: <input type="checkbox"/> No
Are you part of a larger organisation? (please tick) <input type="checkbox"/> Yes (please give details below) we are part of: <input type="checkbox"/> No
What part of the neighbourhood/Borough do you operate in?

5. Your Group's Financial Details:

<p>Has your group produced annual accounts? (please tick)</p> <p><input type="checkbox"/> Yes (please enclose a copy with your application) <input type="checkbox"/> No</p>
<p>Has your group got its own bank account? (please tick)</p> <p><input type="checkbox"/> Yes (please complete below) <input type="checkbox"/> No</p>
<p>Name and address of your group's bank/building society:</p> <p>Bank Sort Code: _____ Account Number: _____</p> <p>Name cheques should be made out to: _____</p>
<p>If you do not have a bank/building society account, is there an organisation who will receive a grant on your behalf? (Please tick)</p> <p><input type="checkbox"/> Yes (please complete below) <input type="checkbox"/> No (talk about this to [contact name] details in the guidance notes)</p>
<p>What is the name and address of the organisation who will receive a grant on your behalf?</p> <p>Name and address of their bank: _____</p> <p>Their Bank Sort Code: _____ Their Account Number: _____</p> <p>Name cheques should be made out to: _____</p>

6. Signatures: (must be signed by 2 people for every application)

Signature	Name in BLOCK CAPITALS	Position in Group	Date
1.			
2.			

7. Check List:

Have you included all the documents asked for including:

- Your group's rules or constitution?
- Your group's annual accounts?
- Your group's Equal Opportunities Policy?
- Your group's Child Protection Policy (if working with under 18's)?
- An agreement between your group and the organisation who will receive the grant on your behalf if you haven't got a bank/building society account?
- Any continuation sheets (mark each one with your group's name)?

Declaration:

I declare that the information supplied in this request is true and that any grant money received from [GYBC/HOST NAME] will be used for the purposes described in this form.

Signed:

Print Name:

Date:

If you require help in filling in this form or require it in a different language or larger print then please contact [host org contact details]

Please return this form by email to: [host org contact]

Or, in hard copy to: [host org contact]

By: [host org decide]