

Royston

Cudworth

Monk Bretton

North East

The primary objective of the Ward Alliance is to encourage Social Action across Barnsley.

Social Action is defined as: 'people helping people' / 'practical action in the service of others.'

Please fill in the project proposal form below and then send it to the address as stated on the guidance notes. You may wish to discuss the outline of your project with a member of the Ward Alliance, or Community Development Officer, for some initial feedback before submitting your proposal.

Before completing this form, please read the Ward Alliance Fund Guidance Notes.

1. About Your Group

1.A Name of your Group	
1.B Which village and ward will be covered by your project?	
1.C What does your group do?	

2. About Your Project

2.A Name of your Project <i>Give your project a short title so it can be easily identified</i>	2.B Which Ward Alliance Priorities does this project meet?	2.C How much funding do you need?

2.D Project Summary

What will you do with the money if successful? (No more than 150 words)

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<p>2.E What is the project start date and when will it be completed? <i>Is the timetable for the project's delivery realistic?</i></p>	
Empty space for answer	
<p>2.F Will the volunteers working on the project be subject to a DBS check?</p>	<p>2.G Do you have any insurance? <i>If you do, what does this cover?</i> <i>If you don't, please detail how you will meet any insurance needs that may be required for your project</i></p>
Empty space for answer	Empty space for answer

<p>3. The Local Community</p>		
<p>3.A Will you be working with any other groups or organisations with this project? <i>If yes, please give details</i></p>	<p>3.B How will this project benefit the community? What difference will it make?</p>	<p>3.C Please tell us how your project will help to promote equality and diversity in the community?</p>
Empty space for answer	Empty space for answer	Empty space for answer

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6. Declaration

Please read the Declaration below in full, before completing your details and signing on the next page.

- I hereby certify that the information contained in this application form is accurate, and that I have the authority/permission of our group to apply for these funds
- I acknowledge that in the event of a Grant being made, the application form and guidance notes will be the basis of a binding agreement.
- Any award made will be used only for purposes for which it is granted, if it is found during monitoring that any item(s) funded are ineligible, I will return any money requested immediately.
- The monitoring information required by BMBC will be provided as and when requested. All financial records, receipts etc. will be kept for at least 7 years following any award.
- Applicants will be required to provide copies of receipts of expenditure within 6 months of any award or evidence of action if an order is placed.
- Any unspent monies must be returned within 6 months. Please contact the team to arrange a BACs transfer.
- That arrangements for any insurance that is needed for your activity has been put in place
- Any media or promotional work must include the Love Where You Live logo
- Groups receiving awards may be required to report to future Ward events about the benefits received from the grant.
- Barnsley MBC is subject to the Freedom of Information Act 2000. This law gives the general public the right of access to information held by the Authority. Some information may be exempt from disclosure such as bank account details. The authority will consult with third parties who supplied the information but the final decision on the release of information rests with the Authority.
- I understand that the failure to comply with the above requirements may result in the recovery of money paid.

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7. Personal Information and Signature

Group Name	
Main Contact	
Address & Post Code	
Email Address	
Telephone	

If your application is successful, a copy of the group's bank statement will be requested at this point. This must be dated within the last 3 months and show the account name and details.

Please note that grants cannot be paid into an individual's bank account.

Completed By:

Name	
Signature (Electronic signatures are accepted)	
Date	

* Please ensure that Section 6 is fully completed. If your project is approved it may delay a payment being made to you if it is not. This section of the form will not be made available to the approval panel.

If you would like us to add your group's details to our community database, **please tick the below box**. If you would like us to remove your details at any time, please contact the team. Your details will not be shared with our partners or any other organisation, without prior consent with yourselves

Please add the details of my group to the Community Database

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8. Approval Process		[For Approval Office Completion]	
Project Title:		Approval Amount:	

At theWard Alliance meeting, the following people expressed an interest and abstained from voting:

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I, the Chair of the above Ward Alliance meeting, confirm that the project application has been successful*/unsuccessful* with support from a majority of Ward Alliance Members present at the meeting held on [Date]

Signature		Date	
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[Chair of the meeting on behalf of the Ward Alliance] *delete as appropriate

I confirm that this application fulfils the WAF Criteria:

Signature		Date	
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[Area Council Manager]

Area Council Manager Comments:

I authorise the project, and the request for the WAF grant, as outlined in the application:

Signature		Date	
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[Service Manager/Assistant Director/Executive Director Communities Directorate]