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Darfield Wombwell Hoyland Milton Rockingham

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 Give your project a short title so it can be easily identified	2.B Which Ward Alliance Priorities does this project meet?	2.C How much funding do you need?
2 D Denica d Common and		
2.D Project Summary What will you do with the money if succ	essful? (No more than 150 words)	

Dameia W	ombwell	Hoylana	Millon	Kockingnan
2.E What is the project start is the timetable for the project's deliver		will it be completed	!?	
2.F Will the volunteers working			e any insurance?	
be subject to a DBS check?		If you do, what does the If you don't, please do that may be required	letail how you will meet	any insurance needs
3. The Local Commun	nity			
3.A Will you be working with	3.B How will t	this project benefit	3.C Please tell u	us how your
any other groups or organisations with this	the community	=	project will help equality and dive	
project? If yes, please give details	unicidios	It mano	community?	ersity in the
n you, produce give a stance				



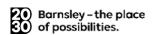
Darriela wo	ombweii	Hoylana Militon	Rockingnam				
4. Match Funding							
4A. Are you providing a match for this project? (If yes, please see question 4.E below. If not, please continue to the next section) YES							
4B. How are you making up the match part of your project? Please give us details on what you will contribute (volunteer hours, gifts in kind, cash donations etc.) to raise the same amount you are requesting in funding [Please note that volunteer time is calculated at £13.70 per hour]							
How many people are volunteering towards this project?							
How will the volunteer match directly contribute to the project?							
How many new volunteers will be contributing towards the project?							
In-kind contributions:							
Cash donations:							
- Harri Mill Varri Cross F	D = 6 12						
5. How Will Your Grant E	se Spent?						
Item	Purchased	From	Amount (£)				
		Total S _i	and:				

Darfield Wombwell Hoyland Milton Rockingham

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 Informa	tion and Signature	
Group Name		
Main Contact		
Address & Post Code		
Email Address		
Telephone		
point. This must be da	ted within the last 3 months	's bank statement will be requested at this and show the account name and details. to an individual's bank account.
Completed By:		* Please ensure that Section 6 is fully completed. If your project is approved it may delay a

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
	Comm	unity	Data	base					



Darfield	Wombwell	Hoy	yland Milton	Rockinghan		
8. Approval P	rocess		[For Approval Off	fice Completion]		
Project Title:			Approval Amount:			
At the	Ward Alliance mee abstaine	ting, the follo		d an interest and		
successful*/un	of the above Ward Alliance mee successful* with support from a seeting held on	a majority of '	Ward Alliance Memb	ers present at the		
Signature		Date				
[Chair of the mee	ting on behalf of the Ward Allia	ance] *delete	as appropriate			
I confirm that this	application fulfils the WAF Crit	era:	<u> </u>			
Signature		Date				
[Area Council Ma	nagerj					
Area Council Man	ager Comments:					
I authorise the project, and the request for the WAF grant, as outlined in the application:						
Signature		Date				
[Service Manager	/Assistant Director/Executive	Director Com	ı ımunities Directorate]		

Loce where you Live

