



## Funding Application Form 2015-16

For office use only

Date Received:

Ref No:

Passed date:

Please refer to the guidance notes before you start filling in the form.

### Part One – About Your Organisation

1) What is your organisation name and address?

Name:

2) Who is the main contact for this application?

Name:

Do you have any communication needs?

### Part Two – About Your Project

3) What is the name of your project?

4) What Project or activities do you want us to fund? (Maximum 300 words)

5) When will your project take place?

Start Date:

Finish date:

6) In what area will the project take place?

Local Authority Area:

| Item/Activity | Total Cost (a)<br>£ | Amount requested<br>from CSP (b) |
|---------------|---------------------|----------------------------------|
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7) How much will your project cost?

8) If the total in Column A is higher than that in column B, where is the rest of the funding coming from? (max 100 words)

9) How have you worked out your costs? (max 100 words)

10) What other partners are involved in this project?

11) How are these partners contributing to the project's success?

12) Does your project involve work with children, young people under the age of 18 or vulnerable adults?

Part Three – the difference your project will make

13) What is the need you have identified, how did you identify it and how will your project meet it?

14) Which of our objectives will your project meet?

*Tick the objective your project will meet*

- Objective 1 Reducing crime, disorder and anti social behaviour
- Objective 2 Reducing accidents in the community (fire, road safety, workplace and home)
- Objective 3 Diversionary activities for under 18's
- Objective 4 Injury prevention for under 5's or over 65's
- Objective 5 Tackling domestic abuse
- Objective 6 Preventing Reoffending

Tell us how your project will meet each of these that you have ticked.

15) How will you make sure that as wide a range of people as possible can benefit?

16) How do you plan to evaluate your project?

## Part Four – Finishing your Application

You must tick all the boxes below to confirm that:

- ☐ You have answered all the relevant questions in the application form.
- ☐ You, as main contact are authorised to apply for a grant from us on behalf of your organisation.
- ☐ You understand that if you make any seriously misleading statements (deliberate or accidental) at any stage during the application process or knowingly withhold any information this could make your application and you could liable to repay any funds to us.
- ☐ You are able to comply with the terms and conditions of your grant as sent as part of the application pack.
- ☐ You understand that competitive nature of the funding stream and that decisions made by the Community Safety Partnership are final.
- ☐ You will inform the Community Safety Partnership if you receive funding for this project from another source.
- ☐ You will furnish the Community Safety Partnership with a project evaluation report within 2 months of the completion of the project. (Further evaluation may be undertaken by the Partnership in relation to impact of the project on the community)

### **Sending your application.**

You can email your application to: [diane.kane@eastdunbarton.gov.uk](mailto:diane.kane@eastdunbarton.gov.uk)

Or post your application to:

Community Safety Partnership Applications  
Diane Kane  
Community Protection  
Southbank House  
Strathkelvin place  
Kirkintilloch  
G66 1XQ