

# Ward Committee Grant Aid Application Form

---

Please refer to the guidance notes to help you complete this form. If you need further help or, if you would like to discuss an idea for an application in more detail, please contact the Grants Officer or your Ward Co-ordinator. Contact details for all Ward Co-ordinators are listed in the guidance notes or are available at [www.newcastle.gov.uk/wardcommitteefunding](http://www.newcastle.gov.uk/wardcommitteefunding)

To help to avoid delays in processing your application make sure that you answer all the questions that apply to you. Also make sure you include all the documents listed in the checklist (Section D) when you return your application form.

Please allow a minimum of two months for a decision to be made on your application.

Please write clearly in black ink. Keep a copy of the application for your records.

When complete, please send your application form to:

Nadine Curbison, Grants Officer  
Community Engagement and Empowerment Section,  
Room 248  
Civic Centre  
Newcastle upon Tyne  
NE99 2BN

Telephone: 0191 277 3584

Fax: 0191 277 3689

email: [nadine.curbison@newcastle.gov.uk](mailto:nadine.curbison@newcastle.gov.uk)

You can also complete and submit your application online by going to [www.newcastle.gov.uk/wardcommitteefunding](http://www.newcastle.gov.uk/wardcommitteefunding)

Date received:

Reference number:

## Ward Committee Grant Aid

---

### Section A: About your Organisation

1. Name of organisation applying for a grant:

2. Briefly tell us what your organisation does:

3. Which area of Newcastle do you cover?

**Section B: About your project**

4. Briefly describe the project you are seeking funding for. Tell us what you plan to do and where the activities will take place:

5. How do you know that people in your community support your project?

6. How will you know if the project is a success?

7. How many people in total do you think will benefit from your project?

Complete questions 8-10 below if you are applying to **one Ward**

8. If at least 80% of the people who will benefit from your project live in the same ward then you should apply to this Ward Committee only. If this is the case, please tell us which Ward Committee you would like to apply to:

9. How much are you applying for from this Ward Committee?

10. What information have you included with your application to show why you are applying to this Ward Committee?

We have attached a list of addresses and postcodes for the people who will benefit from this project.

Other (please explain who will benefit in the box below):

Complete questions 11-12 below if you are applying to **more than one ward**

You can apply to up to four neighbouring Ward Committees. For advice about where to apply and for how much please contact your Ward Co-ordinator.

11. If your project will benefit people who live in more than one ward please tell us which Ward Committees you would like to apply to and the amount you would like from each:

Ward Committee	Amount	Tick the box if you would like us to calculate the amount for each ward using the list of addresses and postcodes you have provided.
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
	£	<input type="checkbox"/>
<b>Total:</b>	£	

12. What information have you included with your application to show why you are applying to these Ward Committees?

- We have attached a list of addresses and postcodes for the people who will benefit from this project.
- Other (please explain who will benefit in the box below):

13. Please list what you will spend the funding from the Ward Committee(s) on:

Item or activity:	Cost:	Tick box if you have included evidence of cost
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total requested from Ward Committee(s):	£	

14. Are you asking the Ward Committee(s) to fund the total cost of this project?

Yes  No

15. If 'No', please tell us how you are raising the rest of the money:

Source of Funding	Amount	Item or Activity	Amount received or decision date

16. When does your project start and end?

Starts:  Ends:

17. When would you like to receive the funding by?

Date:  Month:  Year:

We need to receive your application at least 2 months before this date

18. If you are applying to fund a public event, tick which category best describes your event and to confirm that you have included a risk assessment:

**A:** We are holding a **Small Indoor Event** held in a regular or other indoor venue (such as a coffee morning or training session) and we have enclosed a **risk assessment**.

**B:** We are running a **Trip** which involves transporting people away from their local area (such as an away day, theatre trip, or residential weekend) and we have enclosed a **risk assessment**.

**C:** We are holding an **Outdoor Event** held on council land, private land or the public highway (such as sports day, firework display, or barbecue) and we have enclosed an **event checklist**.

19. To comply with our monitoring requirements, please confirm you will keep records of your project (including receipts and numbers of people taking part) and that you will provide these to the Ward Co-ordination Section.

Yes  No

**Section C: Details of your Organisation’s Management Committee and Finances**

20. To be eligible to apply for a grant, your organisation needs the following documents and procedures. Please tick to confirm that you have:

- A written governing document such as a constitution
- An equal opportunities statement or equalities and diversity policy
- An elected management committee which meets regularly
- Practices and procedures for paid staff & volunteers to ensure you meet legislation on employment, health and safety, racial & sexual discrimination, disability discrimination and age discrimination

21. Please give details of your management committee:

	Name	Address	Telephone
Chair			
Secretary			
Treasurer			
Others			

22. Your organisation should have sufficient insurance cover in place for all risks. The cover you need depends on what type of organisation you are and what you are planning to do. Please tick to tell us what insurance policies you have and to confirm you have included the front cover of your policy document with your application.

- Buildings (if you manage a building)
- Contents (if you manage a building or are applying for a grant to buy equipment)
- Public Liability (if you manage a building or are holding a public event)
- Employers Liability (if you employ staff)
- Motor (if you have a vehicle on the road)
- (fill in this box if you have any other insurance)

23. Please list all accounts held in the name of your organisation and confirm that you have enclosed bank statements for them:

Account Name	Bank Name	Statement enclosed (please tick)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

24. Please give details of the account you would like funding for **this project** to be paid into below:

Account Name:	
Account Number:	Sort Code:
Bank Name:	
Branch Address:	

25. Please give details of those people who have the authority to sign cheques on behalf of your organisation. These signatories must not be related.

Name	Position in Organisation

26. Does your organisation work with children and young people?

Yes  No

27. If 'Yes' please tick to confirm that you have enclosed a copy of your policy for safeguarding children and young people with your application.

Yes  No  Submitted in last 12 months

28. If you have not enclosed a copy of your policy for safeguarding children and young people please explain why not below:

29. Does your organisation work with vulnerable adults?

Yes  No

30. If 'Yes' please tick to confirm that you have enclosed a copy of your policy for safeguarding vulnerable adults with your application.

Yes  No  Submitted in last 12 months

31. If you have not enclosed a copy of your policy for safeguarding vulnerable adults please explain why not below:

32. People who work with children or other vulnerable members of society, whether they are volunteers or paid staff, must be vetted to ensure they are suitable to do so.

(a) Have all relevant staff and volunteers been vetted? Yes  No

(b) Which agencies (e.g. Criminal Records Bureau) carried out this vetting process?

(c) If any relevant staff and volunteers have not been vetted please explain why not:

## Section D: DECLARATION

### Before you sign the form - have you enclosed the following?

- |   |     |                          |    |                          |     |                          |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| (a) Governing document (e.g. constitution)                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |     |                          |
| (b) Bank statement  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |     |                          |
| (c) Evidence to support costs of project (e.g. written estimates) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |     |                          |
| (d) Equalities & diversity policy/equal opportunities statement   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |     |                          |
| (e) Front covers of relevant insurance documents                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| (f) List of addresses/postcodes                                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| (g) Risk assessment form  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| (h) Event checklist (for outdoor events only)                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| (i) Policy for safeguarding children & young people               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| (j) Policy for safeguarding vulnerable adults                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

If you have not enclosed any of the above, please explain why not below (including if you have submitted your governing document, addresses/postcodes, insurance or safeguarding policies to us in the last 12 months):

On behalf of the organisation, I confirm that the information contained in this application form is true and correct and has been approved by the management committee.

Name:	
Position in organisation:	
Address:	
Telephone:	Email:
Signature:	Date:

**Fair Processing of Information for Grant Application Forms  
Data Protection Act 1998**

Newcastle City Council will use the information you provide on this form for the administration of an application for grant aid funding.

The Ward Co-ordination Section would like to add information provided to the database of community organisations used for consultation purposes.

If you **do not** wish to be added to this database then please tick the boxes below:

I **do not** want my contact details added to the database for use by the Ward Co-ordination Section

I **do not** want my contact details added to the database for use by our partners (e.g. other City Council departments) for consultation purposes

If you have any queries concerning data protection please contact the City Council's Data Protection Office on 0191 277 7038

WC001/Version 1