

Haltwhistle Community Shops Fund



APPLICATION FORM	
This application form is for grants of up to £10,000. Before completing the form, please ensure you have read the Community Shops Fund Overview, Application Guidance, and Terms & Conditions to confirm your eligibility. We also recommend that you save a copy of your completed application for your own records.	
Section A: Summary	
Organisation Name:	
Your Name:	
Position in the Organisation:	
Email Address:	
Phone Number:	
Address:	
Postcode:	
Project title:	
Total project cost:	£
Amount sought from this Fund:	£
The amount your organisation will contribute.	£
Expected Start date:	
Expected End date:	
Which statement below best describes your project: (Select ONE only)	
Improves social cohesion, well-being, inclusion, and/or mental health?	
Contributes to enhanced quality of life & personal well-being?	
Contributes to educational opportunities, including formal learning, vocational training or skills development?	
Promotes improvements in environmental standards?	
Please indicate any specific communication requirements we should be aware of when corresponding with you.	

Section C: About your project				
Project title:				
Location of the project:				
Brief description of the project: <i>(max 200 words)</i>				
OBJECTIVES:				
EXPECTED OUTCOMES:				
How have you determined the local need for the project. (Community support, Consultations, Feedback etc) <i>(200 words max)</i>				
Identify any potential problems or risks that could impact the delivery or success of the project and explain the measures you will take to mitigate them.				
Are any consents or permissions required for the project to proceed?	Yes		No	
Are these permissions in place?	Yes		No	

Section C: About your project (continued)				
Please describe who will benefit from the project:				
Expected Attendance:		Age Range:		
Special Characteristics: <i>(if applicable)</i>				
Please explain the impact your project will have on the local community: (200 words max)				
Explain how your project will continue to deliver lasting benefits for the local community after the initial funding has been used. (max 200 words)				
Do you have any plans to sustain the project after the funding period? If so, provide details below				
Describe how you will monitor and evaluate the success and outcomes of your project.				
Will a risk assessment be required to start your project?	Yes		No	
If so, has a risk assessment been completed?	Yes		No	

Section D: Budget

Please use Table 1 to itemise your anticipated expenditure:

Table One

Item/Activity	Description	Cost
		£
		£
		£
		£
		£
		£

How have you arrived at these costs:

Please complete Table 2 if you have secured funding from any other organisations for this project:

Table 2

Organisation	Date of award	Cost

If applying for capital funding, specify who will maintain the equipment or materials after project completion and what this will involve.

If applying for revenue funding, explain what will happen when the funding period ends.

Section B: Your Organisation				
Briefly describe your organisation's purpose and main activities: <i>(150 words max)</i>				
Does your organisation have a governing document?	YES		NO	
Does your organisation have a bank or building society account with a minimum of two signatories?	YES		NO	
If none, provide the name and contact details of the organisation fulfilling this role.				
Provide a map or list of postcodes showing the geographical area your organisation serves				
Website address: <i>(if applicable)</i>				
Description of Organisation:	Community Group		Club	
<i>(Please tick appropriate box)</i>	Society		Charity	
	Social Enterprise		Other <i>(specify below)</i>	
Charity number: <i>(if applicable)</i>				
Section F: Safeguarding Policy				
Please confirm that your organisation has a Safeguarding Policy or Policies for the protection of children and/or vulnerable adults (where applicable), that the policy is actively followed, and that all staff and volunteers working with these groups have undergone appropriate DBS checks.				
Safeguarding Policy Confirmation:	YES		NO	
Provide any additional information that may support your application: <i>(150 words max)</i>				

Declarations			
The information provided in this application form will be held and processed in accordance with the General Data Protection Regulation (GDPR) 2018. It will be used solely by the Haltwhistle Partnership for the purposes of grant processing, analysis, auditing, and evaluation. This information will not be used for any other purpose, published on our website, or shared with any other agencies or organisations.			
By submitting this application to the Community Shops Fund, I acknowledge and agree to the following conditions:			
• I confirm that, to the best of my knowledge and belief, the information provided above is accurate and true.			
• I understand and accept that the Haltwhistle Partnership Administrator and Board of Trustees have a legal and ethical responsibility to carry out due diligence in relation to grant allocations. I will provide all necessary documentation required to enable the Haltwhistle Partnership to meet this obligation.			
• I understand that if the requested supporting documentation is not provided, this application cannot be assessed against the designated criteria required for informed decision-making.			
• I understand that only information relevant to the evaluation of this application will be submitted to the Community Shops Fund Grants Panel to support their recommendations.			
• If this application is successful, I guarantee that the funds will be used exclusively for the purposes outlined in this application.			
• I understand that the Haltwhistle Partnership reserves the right to request repayment of any grant funds that are not used for the intended purpose.			
• I understand that the Haltwhistle Partnership's Insurance, Safeguarding, and Risk Assessment Policies apply only to projects directly administered by the Haltwhistle Partnership and do not cover activities funded by the Community Shops Fund grant.			
• I understand that if this grant is approved, I will provide a project risk assessment, a bank statement in the name of the applicant organisation, as well as our safeguarding and insurance policies, if these were not submitted with the application.			
• I understand that failure to provide the required supporting documentation will result in the withdrawal of the grant offer.			
• I understand that the funding is provided for a specified period only, and a final report must be submitted upon project completion for monitoring and review purposes.			
• I understand that failure to submit a final report to the Haltwhistle Partnership may result in a request for repayment of the funding and the rejection of future funding applications.			
• I understand that details of the grant award may be shared with the media, published on social media platforms, and included in the Haltwhistle Partnership's press releases.			
• If successful, I agree to acknowledge the support of the Community Shops Fund in all publicity and promotional materials, including the use of the Community Shops Fund logo and reference to the Haltwhistle Community Shops Fund.			
• I understand that failure to complete any section of this application form or provide the required documentation, without a reasonable explanation, will result in the application being returned.			
Signature:		Date:	

Signatures:			
This application form should only be submitted if you are properly authorised to do so on behalf of your organisation.			
Signature 1:		Date:	
Position:			
Signature 2:		Date:	
Position:			
Application Checklist			Included
Constitution, rules or governing document			
Bank statement with named organisation			
Two Quotes <i>(if applicable)</i>			
Letter of recommendation/support <i>(Optional)</i>			
Other <i>(please specify)</i>			
Supporting Documentation required prior to grant release			Included
Insurance Policy			
Safeguarding policy <i>(if applicable)</i>			
Risk Assessment <i>(if applicable)</i>			
Other <i>(please specify)</i>			
Please let us know how you heard about the Community Shops Fund?			Tick
Facebook			
Haltwhistle Partnership Website			
Poster/leaflet			
Local Press			
Direct email			
Word of mouth			
Other <i>(please specify)</i>			

Submission of form:	
If you need any support with your application or would like further information about the Community Shops Fund or Haltwhistle Partnership, please contact the Haltwhistle Partnership Administrator using the details provided below.	
Send your completed application form and supporting documents to:	
Haltwhistle Partnership Administrator	
Email Address:	admin@haltwhistle.org
Phone Number:	04134 321242
Postal Address:	Westbourne House, Main Street, Haltwhistle, NE49 0AZ
Upon receipt of your application, you will receive a confirmation email. If you do not receive this email, please contact the Fund Administrator using the email or postal address provided above.	

