# **Nature, Art & Wellbeing Community Fund Application Form**

***Please use the guidance notes to help you to complete this application form correctly***

**Section A – Applicant details**

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| 1. **Name of your organisation/group/business or individual:**
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|  |
| 1. **Project Title:**
 |
|  |
| 1. **Grant Request (taken from financial statement):**
 |
| £ |
| 1. **Main contact:**
 |
|  |
| **Position held:** |
|  |
| **Contact address & postcode:** |
|  |
| **Telephone number:** |  |
| **E-Mail address:** |  |
| **Web address of organisation (if applicable):** |  |
| 1. **How would you describe your organisation (please tick)?**
 |
| **Registered charity** | ☐ | **Registration no:**  |  |
| **Company limited by guarantee** | ☐ | **Registration no:**  |  |
| **Company limited by shares** | ☐ | **Registration no:** |  |
| **Community interest company** | ☐ | **Registration no:** |  |
| **Unincorporated club or association** | ☐ |  |
| **Voluntary or community group**  |  |  |
| **Public sector** | ☐ |  |
| **Other (please specify)**  | ☐ |  |
| 1. **Are you VAT registered?**
 | ☐ | **VAT number:** |  |
| 1. **Where is your project located?**
 | **Pan Dorset**  | ☐ |
| **Dorset Council**  | ☐ |
| **Bournemouth, Christchurch, Poole Council**  | ☐ |
| 1. **Where is your organisation located?**
 | **Pan Dorset** | ☐ |
| **Dorset Council**  | ☐ |
| **Bournemouth, Christchurch, Poole Council** | ☐ |

**Section B – Project description**

***Entry fields will expand to fit text as required; however, we do not expect the final form to exceed 8 pages in total***

**Project summary:**

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| **In no more than 200 words, please summarise your project:**Please note, this will be the only part of the application form shared directly with the assessment panel. This will be presented alongside the assessment of your application. Please do not exceed the word count, as it will be enforced. |
| .  |

**Project details:**

|  |  |
| --- | --- |
| 1. **Project location/grid reference and coverage:**
 |  |
| **Please tell us which communities will benefit?** |
|  |
| **Would you consider your project/activity as open or suitable for clients to be signposted to from Social Prescribing Link Workers?** | **YES / NO** |
| 1. **Proposed start date (month/year):**
 |  |
| 1. **Proposed end date (month/year):**
 |  |
| 1. **Please describe the project as a whole. This should cover all items/activities listed in Section C:**
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|  |
| 1. **Please provide a project timeline (key event/activity dates):**
 |
|  |
| 1. **What will the grant be used for?**
 | **The project as a whole** | ☐ |
| **For a specific part of the project** | ☐ |
| 1. **Please explain what the grant money will be used for:**
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|  |
| 1. **Does this project help mitigate the effects of the Covid-19 pandemic, for example by supporting an organisation or community that has suffered? If so, briefly describe how.**
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|  |
| 1. **Why is the project needed, and what level of community support does your project have (including evidence)?**
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|  |
| 1. **Who will benefit from the project and how?**
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|  |
| 1. **Which funding priorities does your project link with & does it link with any other projects and or strategies? If so, please give details**
 |
|  |
| 1. **What permissions do you need to carry out the project? Have the permissions been agreed, if not when do you expect them to be agreed?**
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|  |
| 1. **Do you have any partners in your project? If so, briefly specify their involvement in the project:**
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|  |
| 1. **What outputs will your project achieve?**

**Please summarise the direct and countable results using the questions below:** |
| **How many and what type of people, businesses, community groups, etc. will benefit from your project?** |  |
| **Estimated number of a) volunteers on the project and b) volunteer days/hours on the project?** |  |
| **Estimate countable achievements, e.g. activities delivered, number of estimated participants, training sessions completed etc.?** |  |
| **Other direct or countable results arising from your project?** |  |
| 1. **How will your project continue after the funding has finished (who will maintain the completed project and how will this be funded in the future)?**
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**Section C – Financial details**

***Please complete using the Excel spreadsheet which will automatically work out figures for you. This is our preferred option. However, if you would like to fill in the form manually then please use the table below.***

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| **C: PROJECT BUDGET FOR 2022/23 (manual calculations)** |
| **Please show the cost of your project in the tables below - Refer to the Guidance Notes to help you** |   |   |
|   |   |   |
| **PART 1. EXPENDITURE - How much will your project costList all items of expenditureAdd more lines if needed** |
| **Description of cost/activity** | **Cash (£)** | **In-kind\*** |
|   |  |  |
|    |  |  |
|   |  |  |
|   |   |   |
|   |   |   |
|   |   |   |
| **Sub total** | **a £** |  **b £** |
| **Total project cost (cash [a] + In-kind [b])** | **c £** |
| **\*** If people volunteer to help with the project (without payment) this can be recorded and used as an in-kind cost. See guidance notes on how to calculate volunteer costs. |
|   |   |   |
| **PART 2. INCOME - Sources of fundingList all sources of income. Please indicate status (not applied for, awaiting decision, confirmed)Add more rows if necessary** |
| **Description of funding** | **Status** | **Cash (£)** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|  |  |  |
| **Sub-total of cash funding** | **d £** |
| **In-kind contribution [taken from b]** | **e £** |
| **Amount requested from NAW [c – d – e]**  | **f £** |
| **Total income [d + e + f]. N.B. Total income should equal total project cost above** | **g £** |
|   |   |   |
| **PART 3. PERCENTAGE - funding as a % of the project cost** |
| **Amount of funding requested [taken from f]** | **h £** |
| **Total project cost [taken from c]** | **i £** |
| **% of project funded [h/i x 100] (this should not be more than 75%)** |  **%** |

**Section D – Declaration**

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| **AUTHORISED SIGNATORY:** **This section must be signed by someone with the required authority (e.g. Chairperson). An electronic signature is acceptable.****I confirm that, to the best of my knowledge and belief, all the information in this application is true and correct.****I confirm that I have read and accepted the**  **Terms and Conditions for this grant, available on the Stepping into Nature website.**  |
| **Signed** |  | **Print name** |  |
| **Position** |  | **Date** |  |
| **STAYING IN TOUCH:**Whether your application is successful or not, we would like to keep in touch by sending you the Stepping into Nature e-newsletter. Your details will be stored safely and only be used for this purpose as detailed in our [Privacy Policy](https://www.dorsetaonb.org.uk/privacy-policy-2/). Please indicate if your preferences below:  |
| Please send me the Stepping into Nature e-newsletter | ☐ |
| I do not wish to receive the Stepping into Nature e-newsletter | ☐ |