

# Wiltshire Wildlife Community Energy

LESS CARBON, MORE WILDLIFE



## Community Fund - Grant Application Form

Fill in the form as best as you can; **advice and help are available**. Email queries to [wwceapplications@wiltshirewildlife.org](mailto:wwceapplications@wiltshirewildlife.org) or, during the working day, telephone 01380 736065 and ask to speak to the Wiltshire Wildlife Community Energy Community Fund Officer.

### 1 Basic information

1.1 Name of your group:
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1.2 Contact details for your group <i>Leave blank if any are the same as "Main Contact"(1.3)</i>
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Address of your group:	
Email:	Daytime
Website:	Telephone:

1.3 Main contact for this application
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Title:	First name:	Surname:
Position held in group:		
Contact address <i>Leave blank if given above in "Address of your group"(1.2):</i>		
Email:	Daytime telephone:	

1.4 When was the organisation set up?       /       /
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1.5 What type of organisation are you? (tick as appropriate)
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A registered charity <i>If yes, please provide your number</i>	
A community benefit society or co-op	A school
An unincorporated club or association	A college
A community interest company	A youth group
Another type of organisation <i>please give details</i>	

1.6 Are you part of a larger regional or national organisation? Yes / No <i>Please give details if so.</i>
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1.7 How many of each of the following are involved in the organisation?
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Management committee:	Paid staff <i>if any</i> :	Volunteers and helpers:
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2.5 How will you know it has worked? Examples of this may include:

- do a questionnaire with people who took part to find out how your project made a difference;
- take and show us pictures; and/or
- collect some figures such as numbers of people involved.

2.6 List the people key to delivering the project *Tell us their roles and what relevant skills and experience they have:*

2.7 What is the long-term plan for any project assets (equipment, knowledge etc)?

### 3. Financial information

3.1 The estimated costs of the project are:	
1. Staff costs	£
2. Materials (capital works)	£
3. Payments to contractors	£
4. Printing, postage, stationery etc.	£
5. Other <i>please give details e.g. volunteer expenses, travel expenses, refreshments, etc</i>	£
<b>Total project cost (total of the 5 rows above)</b>	<b>£</b>

3.2 Project funding information

How much has been raised so far?	£
How much can your group contribute from its own resources?	£
Total funding already available ( <i>total of the 2 rows above</i> )	£
Funds needed ( <i>project cost less funding already available</i> )	£
<b>Grant amount requested</b>	<b>£</b>

3.3 If the funds needed are bigger than the amount of grant requested, tell us how you are going to find the remaining money you need.

3.4 Will the project require continuing funding and support at the end of the grant period? If it will, please explain how this will be provided and funded.

#### 4. Reference

Please provide details of a referee, preferably someone who holds a professional or public position, who knows of your group's work but is independent of your group and this project. Please make sure this person is willing to act as a referee and knows about this particular application.

Title:

First name:

Surname:

Contact details:

#### 5. Attachments

Please attach the following documents:

- a) Constitution / governing document / set of rules for your organisation
- b) Annual accounts - the most recent that are available. If you don't have these, please show us your income and expenditure for the last year and your current budget.
- c) Safeguarding Policy and GDPR/Data Protection Policy (if separate). If you don't have these, please contact us and we are happy to help you with templates for these.
- d) Health and Safety Policy or Risk Assessment.
- e) Evidence that you have insurance for your activity or organisation.

Return this form and attachments via email to [wwceapplications@wiltshirewildlife.org](mailto:wwceapplications@wiltshirewildlife.org) or by mail to:

**WWCE Community Fund, Wiltshire Wildlife Trust, Elm Tree Court, Long Street, Devizes, Wiltshire SN10 1NJ**

Please keep a copy for your records.

All applications will be acknowledged; applicants may be contacted for further information.

#### For Office Use

Date received:

Reference number allocated:

Proposed date of assessment (CFP meeting):