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| ***STRICTLY CONFIDENTIAL***  **Please be aware that for decision making purposes the contents of this bid will be shared with a panel which includes local community members. By signing this form, you are consenting to that information being shared**. | |
|  | **Helping Communities Fund**  **Application Form** |

1. **ABOUT YOU AND YOUR ORGANISATION**

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| --- |
| **Project name:**  ***(Short, sweet and representative of what you want to achieve)*** |

|  |  |
| --- | --- |
| **Name of organisation/group:** | **Organisation/group postal address and website details:** |

|  |  |  |
| --- | --- | --- |
| **Project contact/owner:** | **Position in organisation:** | **Contact details:**  Daytime telephone number(s)  Email |

1. **WHERE IS YOUR PROJECT GOING TO BE DELIVERED? *Please note, HCF applications can only be applied for in one area at a time and priority will be given to impact ideas (ref to website)***

|  |  |  |
| --- | --- | --- |
| **Borough areas** | **x** | **Where will the project be delivered?** |
| Birmingham |  |  |
| Coventry |  |  |
| Dudley |  |  |
| Sandwell |  |  |
| Solihull |  |  |
| Walsall |  |  |
| Wolverhampton |  |  |

1. **WHAT DOES YOUR PROJECT AIM TO ADDRESS?**

***(Please tick the box which most represents your project)***

|  |  |
| --- | --- |
| **Theme** | **x** |
| Community cohesion |  |
| Community safety |  |
| Crime prevention |  |
| Crime reduction |  |
| Other |  |
|  |  |

1. **WHO DOES YOUR PROJECT AIM TO WORK WITH?**

***(Please tick the box which most represents your audience)***

|  |  |
| --- | --- |
| **Theme** | **x** |
| Children & young people (up to 25) |  |
| Adults |  |
| Older people |  |
| Family support |  |
| Other |  |
|  |  |

1. **DOES YOUR ORGANISATION / GROUP HOLD A SEPARATE BANK ACCOUNT WHICH HAS AT LEAST TWO SIGNATORIES?** Yes/No

***If your answer is “No” please state in the box below, the name of the organisation that has agreed to hold funding for you***

**Name of organisation:**

**Name of contact within that organisation:**

1. **Please list the names, addresses and positions held of all members of your organisation’s management committee.** *Continue on a separate sheet if necessary.*
2. **PLEASE LIST THE NAMES, ADDRESSES AND POSITIONS HELD OF ALL MEMBERS OF YOUR ORGANISATION’S MANAGEMENT COMMITTEE.** *Continue on a separate sheet if necessary.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Position** |
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1. **PLEASE TELL US ABOUT ALL PREVIOUS FUNDING YOU HAVE RECEIVED EITHER FROM WEST MIDLANDS POLICE (WMP), THE VIOLENCE REDUCTION UNIT (VRU) AND / OR OFFICE OF THE WEST MIDLANDS POLICE AND CRIME COMMISSIONER (OPCC)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project** | **Funding programme (ie Active Citizen’s Fund, Victims’ Fund etc)** | **Amount awarded** | **Financial year awarded** |
|  |  |  |  |
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1. **ABOUT THE PROJECT  
   *Please provide a brief overview of your project, bullet points are welcome. Please summarise as to - Who/what/where/how***

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| Brief overview of project? How will it help?    ***(The information contained in this box will be provided to the community panel to base their funding decision. Please ensure it is accessible, brief and only 500 words)*** |

|  |
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| Number / target of people the project will help? How will you attract these numbers? |

|  |
| --- |
| What will be the legacy of your project? |
| How you will measure the success of your project? |

1. **TIMESCALES  
   Please note you won’t be held accountable to this but please give an estimate**

|  |  |  |
| --- | --- | --- |
| **Project start date:** |  | **Project end date:** |

1. **PROJECT COSTS AND FUNDING   
   *Notes: Please be as specific as possible, with a full breakdown of costs.***

***Please include details such as venue location, items, etc.  
 We do not fund wages***

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemised breakdown**  **of costs**  **[What is the money for?]** | 1. **Amount requested from (Maximum £3,500)** | **(B) Amount contributed from other funding**  **(identify source)** | (A+B) Total cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** | **£** | **£** | **£** |

1. **When you have completed the application, please read and sign below.**

**Please note that you must provide a written or scanned electronic signature.**

***“I certify that the information supplied is accurate to the best of my knowledge. I understand and accept that providing deliberate false information could result in legal action being taken against me and withdrawal of funds awarded.***

***“Having considered the information above regarding safeguarding, I confirm that suitable safeguarding arrangements are in place to meet the needs of this project”.***

**Signed for and on behalf of: ……………………….………………………………………………………...**

*[Your organisation name here]*

**Print your name: ……….……………………………………………………………………….……………**

**Your signature: ………………………………………………………………………………………………….**

**Position in organisation: …………………………………………………………………………….………..**

**Date: …………………………………………………………………………………………………………..**

**COMPLETED FORMS SHOULD BE RETURNED TO***:*

* **Birmingham**:

[cp\_bhambids@west-midlands.pnn.police.uk](mailto:cp_bhambids@west-midlands.pnn.police.uk)

* **Coventry**:

coventry\_partnerships@westmidlands.police.uk

* **Dudley**, **Sandwell**, **Solihull**, **Walsall** & **Wolverhampton**:

cp\_eco\_enquiry@westmidlands.police.uk

1. **TO BE COMPLETED BY LPA COMMAND TEAM**

I have assessed the information provided in this application and I approve this project for funding from the Helping Communities Fund. I have confidence in the legitimacy of this project and organisation

|  |
| --- |
| **Signed ……………………………………………………………………………………………………….**  **Print name, rank and collar number ……………………………………………………………………**  **Date …………………………………………………………………………………………………………..** |