|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **COUNCILLORS INITIATIVE FUND** | | | |
|  |  |  |  |
|  |  |  | **APPLICATION FORM 2024/2025** |

Please read the guidance notes before completing this form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROJECT OR ACTIVITY DETAILS** | | | | | | | | | | | | | | | |
| Q1 Name of Group | | CIF | | | | | | | | | | | | | |
| Q2 Name of Project | |  | | | | | | | | | | | | | |
| Q3 Project Location | |  | | | | | | | | | | | | | |
| Q4 Project Description  *(Include what the project will do, what the intended benefit is for the residents of the ward and who will benefit.)* | |  | | | | | | | | | | | | | |
| Q5 | When will the project take place? | | | Start date: | | | | | | | Completion date: | | | | |
| Q6 Is this addressing an Environmental Improvement? | | | Yes / No | |  | | Q7 Is this a Community  Safety issue? | | | Yes / No | |  | Q8 Is this a community based project? | | Yes / No |
| **FUNDING REQUESTED** | | | | | | | | | | | | | | | |
| Q9 Total cost of project £ | | |  | | | | |  | Q10 Total Funding requested £ | | | | |  | |
| 3 quotes are required for projects over £2,000. Confirm you have attached or posted 3 quotes: Yes / No | | | | | | | | | | | | | | | |
| Q11 What is the money to be spent on,  and why is it essential to the project? | | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUPPORTIVE COUNCILLOR(S)** | | | | | | |
|  |  |  |  |  |  | Funding requested £ |
| 1) Name |  |  | Ward |  |  |  |
| 2) Name |  |  | Ward |  |  |  |
| 3) Name |  |  | Ward |  |  |  |
| 4) Name |  |  | Ward |  |  |  |
| 5) Name |  |  | Ward |  |  |  |
| 6) Name |  |  | Ward |  |  |  |

If more space is required please add an additional sheet with the above details completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ORGANISATION / GROUP DETAILS** | | | | | |
| Q12 Are you a registered charity? Yes / No | | | Charity No. |  | |
| Q13 Do you have a written constitution?  Yes / No | | If your group does not hold its own bank account please enter the details of an eligible organisation which has agreed to receive the funds on your behalf. | | |  |
| Q14 Contact Person |  | | | | |
| Q15 Address &  post code |  | | | | |
| Q16 Telephone No |  | | | | |
| Q17 Email Address |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BANK ACCOUNT DETAILS (Must be for an organisation not an individual or a business)** | | | | |
| Account Name |  |  | Name of Bank / Building Society |  |
| Sort Code |  |  | Address of Bank / Building Society |  |
| Account No.  or Roll No. |  |  |

|  |
| --- |
| **DECLARATION** |

# I confirm that I have discussed this application with the councillor(s) I am applying to for funding. Yes / No

# I apply for grant aid on behalf of the organisation named above. Yes / No

I declare that I have read and understood the guidelines on the website. Yes / No

I declare that the information provided on this form is complete and true and accurate. Yes / No

# I agree that if successful, both I and the organisation I represent will abide by the conditions under Yes / No

# Which grants are made, and that a grant made by the Council will be repaid if the organisation is

# found to be in breach of conditions applied to the grant.

Applicant:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | Position |  |  | Date |  |

Managing organisation (if different than applicant):

Applicant:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  |  | Position |  |  | Date |  |

*Please return the completed application form to*[*democratic.services@highpeak.gov.uk*](mailto:democratic.services@highpeak.gov.uk) *by Friday 21st February 2025.*