**Protos Community Benefit Fund Application Form**

## All not-for-profit organizations such as charities, voluntary groups, community interest companies and industrial providence societies are eligible to apply for community benefit fund support.

## Applicant organisations must have a formal constitution and bank account with at least two signatories.

The Protos Community Benefit Fund covers the boundaries of Ince, Elton, Thornton-le-Moor, Little Stanney & District and Helsby Parish Councils and Frodsham Town Council.

To check on whether your organization is covered, and for full details of the process, please check the [Criteria and Eligibility guidance](https://www.protos.co.uk/media/1296/community-benefit-fund-criteria-and-postcode-eligibility.pdf) document on the Community Benefit Fund section on the Protos website.

Failure to meet all the requirements as outlined in the guidance may result in your application being returned without being considered.

 Successful applications will be subject to regular monitoring and review by the PCBF to ensure progress is being made according to budget and timetable.

If you wish to discuss your application and the process, please contact your local PCBF member or the secretary. Contact details are available on the Community Benefit Fund section of the Protos website

# APPLICATION FORM

|  |  |
| --- | --- |
| Applicant Name |  |
| Project Name |  |
| Please provide a brief description of your project |  |
| Total Project Cost\* | £ |
| Total community benefit funding requested | £ |
| Please confirm that your project will benefit community within the boundary area |  |

\* Please see Financial Details on Page 5 for whether costs should be shown net or gross of VAT

I/We confirm that I/we have read and understood the community benefit fund application guidance before submitting an application for consideration.

Signature:

Send the completed form either to your local representative or the Secretary, Mr. Keith Butterick.

**APPLICANT DETAILS**

1. Please complete contact details for the project activity for which a grant is sought

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| --- | --- |
| Applicant Organisation |  |
|  | First Contact Point | Second Contact Point |
| Title |  |  |
| Contact Name |  |  |
| Position within Organisation |  |  |
| Address |  |  |
| Daytime telephone number |  |  |
| Mobile Number |  |  |
| Email address |  |  |

1. Please confirm the status of the applicant organisation by checking the appropriate checkbox(es)

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| --- | --- | --- |
| Community/Voluntary group with written constitution |  |  |
| Association or Club |  |  |  |
| Registered Charity |  | Charity No. |  |
| Community Benefit Society |  | Reg No. |  |
| Co-operative |  | Reg No. |  |
| Other |  | Pleasedetail |  |

1. Please confirm that your organisation is not-for-profit and whether or not your organisation can reclaim VAT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not-for-profit organisation | Yes |  | No |  |
| Can reclaim VAT | Yes |  | No |  |

1. Please describe your organisation’s main purpose and outline the experience which your organisation has of managing and implementing projects of a similar scale to that for which funding is sought (Max of 500 words box will expand as you type).

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# PROJECT DETAILS

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| Project Name (Box will expand as you type): |

1. Please provide a description of your project (Max of 500 words box will expand as you type). If you are requesting a grant towards a project with total cost over the maximum Protos grant, please identify which part of the project will be funded by this grant.

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1. Please provide details of how your project will be delivered including resources required. Please state anticipated start and completion dates. (Max 500 words box will expand as you type)

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1. Please provide details of how your project will help to improve the local environment and/or provide community benefit (Max 500 words box will expand as you type)

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# SUSTAINABILITY

Please provide brief details as to how the project will be sustained following its completion, identifying ongoing maintenance and management costs for any asset purchased, created or improved (Max of 500 words box will expand as you type)

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# FINANCIAL DETAILS

Please note the community benefit fund cannot provide funding for recoverable VAT so if you are an organisation that can reclaim VAT, this should not be counted as a project cost within your application.

Please show net costs if your organisation is able to reclaim VAT (you may show gross costs inc. VAT as well if you wish) and gross cost figures if your organisation is unable to reclaim VAT.

1. Please identify the total cost of your project and whether costs are net or gross

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1. Please provide a broad cost breakdown for your project, showing net or gross costs as appropriate. If you are requesting a grant towards a project with total cost over the maximum Protos grant, please identify what the community benefit fund monies will contribute towards:

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# CHECKLIST

Please confirm that:

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| --- | --- |
|  | All questions within the application form are completed fully |
|  | A signed copy of your organisations constitution or other governance document is included with your application |
|  | For new applicants, you have included your organisations latest accounts and most recent bank statement, indicating two signatories from your organisation |
|  | A project location map is included if not apparent from the project details |
|  | Supporting photo’s and/or plans prior to work project commencing are included if appropriate |
|  | Any lettings policy relating to the project is included if appropriate |
|  | Two quotations from established companies |

If your project is approved for funding, you may also be asked to provide the following:

|  |  |
| --- | --- |
|  | A copy of any planning consents required |
|  | A copy of leases where applicable |
|  | Signed acceptance of grant offer letter |
|  | Signed copy of grant terms and conditions |
|  | Completed copy of Protos Community Fund PR Proforma |

# DECLARATION

## On behalf of I confirm that I am

authorised by the applicant organisation to submit this application and that the above information provided is accurate and true.

Name:

 Date:

Signature: