Community development  
fund application form

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| Section 1. Applicant details | | | | | | |
| Organisation name |  | | | | | |
| Address |  | | | | | |
| Telephone |  | | | | | |
| Email |  | | | | | |
| Website address |  | | | | | |
| Name of contact person |  | | | | | |
| Position in organisation |  | | | | | |
| Social media links/usernames  *(i.e. @communityname or facebook.com/communityname)* | Facebook | | | Twitter | | |
| Instagram | | | Linked In | | |
| Is your organisation a: | Community Group | | | Business | | |
|  | Charity | Charity number if applicable | | | |  |
|  | Other | Please state: |  | | | |
| Does the organisation: | | | | | | |
| Have a constitution | Yes  *If yes, please attach* | | | | No | |
| Hold a bank account | Yes | | | | No | |
| Health and safety policies | Yes | | | | No | |
| If your project involves young people / vulnerable adults, can you provide evidence that the relevant people are DBS checked if required and that you have a Child Protection Policy? | Yes | | | | No | |
| Comments |  | | | |  | |

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| **Section 2. About your project** | | | | | | | | | | | | |
| Give a brief description of your project. How do you know this project is needed? Give details of any consultation you have undertaken/expressions of community support. | | | | | | | | | | | | |
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| Is this a one-off event or an ongoing project? If it is ongoing, how do you plan to sustain the project? | | | | | | | | | | | | |
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| Please indicate if you have applied for funding for this project before and, if so, what was the project and what date did you apply for the funding? | | | | | | | | | | | | |
| Yes | No | | Project |  | | | | | Date |  | | | |
| Are there any other partner organisations involved with this project? If yes, please list organisations below. | | | | | | | Yes | | No | | | |
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| Which of the OVH priorities for funding does your project fit with? *(Please tick)* | | | | | | | | | | | | |
| Vulnerable persons | | | | | |  | | | | | | | |
| Health & Wellbeing | | | | | |  | | | | | | | |
| Support for local veterans | | | | | |  | | | | | | | |
| Improved community safety | | | | | |  | | | | | | | |
| Community environmental initiatives | | | | | |  | | | | | | | |
| Explain what the outcomes of your project will be and how it fits in with OVH priorities: | | | | | | | | | | | | | |
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| Where will your project take place? | | | | | | | | | | | | | |
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| How many people will your project reach? (e.g. number of beneficiaries, number of service users etc.) | | | | | | | | |  | | | | |
| Who are the intended beneficiaries? *(Please specify age, gender, ethnicity, disability as appropriate)* | | | | | | | | | | | | | |
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| What proportion of the beneficiaries of your project are OVH customers? | | | | | | | | | | | | | |
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| What amount of money are you requesting from OVH? *(up to £1k)* | | | | | | | | | £ | | | | |
| What specifically do you want OVH to fund as part of your project? *(e.g. materials, supplies etc.)* | | | | | | | | | | | | | |
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| If your application is approved, you will be expected to promote your grant and will be required to complete a post funding survey. Please tell us how you will promote OVH and any funding received. | | | | | | | | |  | | | | |
| If the total cost of your project is more than you have asked for, please give details of any other funding you have applied for or any fundraising or in-kind donations: | | | | | | | | | | | | | |
| Funding organisation | | Amount requested | | | Date of application | | | Application status | | | | | |
| Secured | | | Pending | Refused | |
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| Fundraising | | Amount raised | | |  | | |  | | |  |  | |
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| In-kind donations | | Amount | | | From who? | | |  | | |  |  | |
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| Please note, you must advise us if you are successful in receiving funding from an alternative source before your application is approved from One Vision Housing. | | | | | | | | | | | | | |
| If it is not possible for us to fund the full amount you have requested what would happen to your project? | | | | | | | | | | | | | |
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| Are you or anyone else in your organisation an employee or related to an employee of The Sovini Group? | | | | | | | | | | | | | |
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| Please use the space below to provide any other relevant information | | | | | | | | | | | | | |
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| **3. Declaration** *(information provided is true and accurate)* | |
| By signing this we agree to all requirements set out in the guidance form and agree to provide any additional information required and evidence to show where the money has been used. | |
| Applicant’s signature |  |
| Print name |  |
| Position |  |
| Date |  |

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| *Please return completed forms* to: *Stakeholder Engagement Team – engagement@ovh.org.uk* |