

# DORDON PARISH COUNCIL

## GRANT FUND 2026-27

### APPLICATION FORM

Please ensure you have all the relevant information before completing this form as per the guidance notes. **The closing date for all applications is Sunday 31<sup>st</sup> October 2026.**

**PLEASE ENSURE THAT ALL SECTIONS OF THE APPLICATION FORM ARE COMPLETED**

<b>Name of applying organisation:</b>	
<b>Status of your organisation:</b>	<ul style="list-style-type: none"><li><input type="radio"/> Community / voluntary</li><li><input type="radio"/> Registered Charity</li><li><input type="radio"/> Other</li></ul> <p><b>If your organisation is a Registered Charity, please provide the charity number here</b></p> <hr/>
<b>Contact details:</b> <i>Name of main contact person:</i> <i>Position within organisation:</i> <i>Address (inc. postcode):</i>  <i>Email:</i> <i>Phone:</i>	

<p><b>Do you have a constitution or governing document:</b></p>	<ul style="list-style-type: none"> <li>○ <b>Yes</b> (please attach a copy of your governing document or email to parish council <a href="mailto:dordonparishcouncil@gmail.com">dordonparishcouncil@gmail.com</a>). Please ensure your group has a bank account set up to receive funds. We cannot pay funds into a personal account.</li> <li>○ <b>No</b> (If you do not have a constitution (or other governing document) or bank account, your grant will need to be administered by an established organisation to whom the grant will be paid on your behalf.</li> <li>○ Please provide details of the administering organisation.</li> <li>○ Please contact WCAVA office for more information and advice on 01788 547258</li> </ul> <p><b>Name of administering organisation:</b></p> <p>.....</p> <p><b>Address of administering organisation:</b></p> <p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Existing Grants with DPC</b></p>	<p>Do you have any existing grants with DPC?</p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul> <p>If yes, Describe the grant contract</p> <p>.....</p> <p>.....</p>
<p><b>Name of project:</b></p>	
<p><b>Brief project description:</b></p>	

<b>Timescale (when will your project start and finish)</b>															
<b>How much money are you asking for from this Fund?</b>	£														
<b>What is the overall cost of your project, including the amount requested from this fund.</b>	£														
<b>Budget (for DPC Grant Fund):</b> <i>Please provide a full breakdown of how you will spend the money:</i>	<table border="1"> <thead> <tr> <th>Item</th> <th>Amount (£)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> <tr> <td>6.</td> <td></td> </tr> </tbody> </table>	Item	Amount (£)	1.		2.		3.		4.		5.		6.	
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**Details of the Project – The following questions are scored against the criteria as set out by the parish council.**

<p><b>Criteria 1: How will your project help people to help themselves, and build the skills and abilities your community needs to adapt and thrive in the future?</b></p> <p><b>(Some examples of this include: to provide training; to offer volunteering opportunities; to build on the existing skills within a community; making better use of community facilities. Please note this is not an exhaustive list)</b></p>	
<p><b>Criteria 2: How will your project improve the health and wellbeing of the community?</b></p> <p><b>(Some examples of this include: increasing awareness of mental health and general wellbeing; improving social interaction; improving access to services; reducing loneliness and social isolation; creating new activities and opportunities. Please note this is not an exhaustive list)</b></p>	
<p><b>Criteria 3: Please describe how your project will meet one or more of the following priority categories:</b></p> <ul style="list-style-type: none"> <li>○ Improve community assets and their sustainability</li> <li>○ Improve access to services</li> <li>○ Improve financial capability</li> <li>○ Reduce loneliness and isolation</li> <li>● Improve physical and/or mental health and wellbeing</li> <li>○ Promote equalities and inclusivity</li> <li>○ Improve the physical environment or reduce the environmental impact</li> </ul>	

<p><b>Criteria 4: How do you know there is a need for this project? What evidence do you have? Who has been involved in shaping or developing this project? How have you engaged with the wider community?</b></p>	
<p><b>Criteria 5: How have you worked in partnership with other organisations or groups?</b></p>	
<p><b>Criteria 6: Please describe how your project will provide a direct benefit to the local community?</b></p>	
<p><b>Criteria 7: Please explain how volunteers will be recruited, involved, managed and retained in the delivery of your project?</b></p>	

<b>Criteria 8: Please provide details of all funding either applied for or secured to support this project.</b>	<b>Source (Name of funder and amount applied for)</b>	<b>Status (pending or secured)</b>
	1.	
	2.	

**Declaration**

I confirm that to the best of my knowledge all the information contained on this form is correct and accurate at the time of completion

I can also confirm that this project meets national legislation, guidance and good practice in relation to: equality and diversity, health and safety and safeguarding.

All relevant information to support my application will be submitted as requested. This will include constitution, quotes and any other information that is applicable.

**Do you agree**

Yes

**Privacy and anti-fraud statement**

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy.

We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

The information that you have provided on this application form, and any subsequent information you provide in relation to this application, will be held on file for 5 years.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

I have read and accepted the privacy and anti-fraud statement.

Yes