

# BAVO COMMUNITY GRANTS SCHEME Application Form

2008/2009

Please read the Guidance notes carefully before completing the application.  
The applicant must be an authorised representative of your organisation to benefit from the grant

Name of organisation/group

Correspondence Address

The usual address for mail  
for your group

Contact Name

Daytime Telephone Number

We may need to talk to you about your  
application between 9-5 weekdays

1. Is your organisation/group a voluntary/non-profit-making organisation?

Yes  No

2. Do you have a constitution? We need to see this if you are not a registered charity– please attach a copy with this application.

A constitution is the governing document, which says what you will do, which area you will do it in and how you will do it. We must have a copy of the original signed constitution. If you do not have this, then a copy of the constitution and a copy of the minutes of the meeting at which it was adopted must be sent.

Without this your application will not be considered

Yes  No

3. Does your project work within Bridgend County Borough?

Yes  No

If your reply is **NO** to any of the above questions,  
your organisation/group will be ineligible for a grant.

4. Are you a Registered Charity

Yes  No

If yes please provide Registration Number

.....

5. Please tell us which part of the County Borough you work in?

6. What you do

a. What does your organisation/group do?

b. Where do your activities take place?

c. When do your activities take place?

d. How often do your activities take place?

7. Do you have an equal opportunities policy?

Yes  No

8. Are you working with children or vulnerable adults?

Yes  No

'Vulnerable adults' includes people who may have learning disabilities, physical disabilities, mental health problems or be elderly and frail. If your answer is NO go to question 10a.

9. Do you have a child protection/safeguarding children policy in place?

Yes  No

If your answer is YES please send a copy with your application. If NO please complete box 10a and see note 9 of the guidelines.

10. Do you have a working with vulnerable adults policy?

Yes  No

If your answer is YES please send a copy with your application. If NO please complete box 10a and see note 9 of the guidelines.

10a. If no please tell us what steps your organisation takes to safeguard them

Please answer all questions

There is no specific deadline for this form – Please return by the 14<sup>th</sup> of any month

**11. How long has your organisation/group been going?**

**12. How many paid staff does your organisation/group employ?**

**13. How many volunteers regularly help your organisation/group?**

**14. How many committee members are involved in your organisation/group?** There must be 3 or more committee members. The minimum number is stated in your constitution. BAVO will only consider applications when there are at least 3 or more committee members.

**Please name 3 key members and their positions (i.e. Chair, secretary, treasurer etc.)**

- a.
- b.
- c.

**15. Are any members of your committee or organisation members of BAVO staff or BAVO's Management Committee?** If so please give details.

**16. Why do you need this grant? (Please continue on separate sheet if necessary)**

a. Tell us **what** you would you use the grant for?

b. **What positive difference** will this make to your work?

c. **How many** people will benefit?



**Please submit a copy of your last annual accounts along with a copy of your most recent bank statement with the application.**

**18. Endorsements**

**a. Colleague supporting this application**

Give the name of someone who is also involved in leading or managing your organisation/group and who is supporting this application

*To the best of my knowledge the information given in this application gives a true and accurate account of our organisation/group's needs.*

NAME  
POSITION  
DAYTIME TELEPHONE NUMBER  
SIGNED  
DATE

**b. Independent person supporting this application**

Give the name of someone who is independent of your organisation/group but knows your work well and has agreed to act as a referee.

This must not be a relative of any paid worker or Committee member.

These people will only be contacted if additional information about your application is required.

NAME  
POSITION  
ORGANISATION  
DAYTIME TELEPHONE NUMBER

**19. Additional Information**

All applications must comply with the criteria set by Welsh Assembly Government. Please indicate what criteria does this application meet?

- Regeneration
- Environmental
- Individuals opportunities
- In support of BCBC Community Strategy

Please give details of previous applications that your organisation/group has made to this scheme.

DATE	PURPOSE OF GRANT	AMOUNT GIVEN

**20. Please check that you have:**

**Please tick**

- a. Included a copy of your signed constitution and policies
- b. Completed all sections of the application form in full
- c. Ensured the form has been signed by yourself and another representative of your organisation/group
- d. Ensured your independent referee is someone familiar with your work
- e. Given your independent referee a copy of this application form
- f. Made a copy of this application form for your records
- g. Enclosed a copy of your latest accounts, a copy of your most recent bank statement, copies of relevant quotes and if applicable copies of your vulnerable adults and child protection policy
- h. Have you included copies of quotes where applicable?

**To the best of my knowledge the information given in this application gives a true and accurate account of our organisation/group's needs.**

**If successful, I understand that the Grant must be spent for the purpose for which it is awarded and that receipts for the expenditure must be submitted otherwise it may be subject to repayment in part or whole.**

**In the event of a group or organisation discontinuing BAVO reserve the right for re-distribution of any capital items purchased with Community Grant Funds.**

**Applicant's signature**

Signed

Date

**Return this application form to**  
BAVO, 112-113 Commercial Street, Maesteg, Bridgend, CF34 9DL  
Registered Charity No: 1062850

**If you have any queries concerning this form please contact Pat Lindsay  
on (01656) 810400**



**Please answer all questions**  
**There is no specific deadline for this form – Please return by the 14<sup>th</sup> of any month**