

O Yes

# **Section 1 - Eligibility**

1. Are you a not for profit organisation?

If you are unable to answer 'Yes' to the following questions you may not be eligible for this grant scheme. Please contact the Funding and Development Officer to discuss your application further (grants@winchester.gov.uk).

This grant scheme is aimed at organisations delivering activities for the benefit of residents who live in Winchester City (by this we mean in the 5 unparished town wards - see our <u>ward map</u> for further details). If your grant is deemed eligible and suitable for funding, where possible we would like you to attend a virtual panel meeting in order for us to have a brief discussion with regards to your application. You will be advised shortly afterwards if your organisation will receive the funding you requested.

O No
2. What type of organisation are you?
O Registered charity
O Community Group
O Parish/Town Council
O Not for profit ie. CIO, CIC, Social Enterprise
O Other
3. Does your organisation have a constitution or statement of aims including how you make decisions?
O Yes
O No
4. Is this grant required for a one off expenditure i.e. a piece of equipment, set up costs for a new group, or a one off project or event?
○ Yes
O No
5. Are you able to provide copies of estimates or evidence of expenditure?
O Yes
O No
6. Do you have the relevant policies and insurance in place?
O Yes
O No
7. Do you have a bank account for the organisation with 2 signatories?
O Yes

O NO		
	necessary licences and/or permissions (e.g. landlord permission, e in order to proceed with your project?	planning
<b>○</b> Yes		
O No		
	t benefit people who live in the Winchester Town wards (St Barna ıke, St Michael and St Paul)?	bas, St
	rd map to ensure your application fits within this criteria. If you have a ease email grants@winchester.gov.uk.	ny questions
O Yes		
O No		
10. Panel meeting at	ttendance	
Will you or someone	from your organisation be able to attend the MS Teams panel meeting	g?
O Yes		
O No		
Section 2 - Co	ontact Details	
PRIMARY APPLICA	ANT DETAILS	
Title	Mrs	
Name	Jane	
Surname	Chuhan	
Tel	01962 848 256	
Email (Work)	jchuhan@winchester.gov.uk	
Address	Winchester City Council	
	Colebrook Street	
	Winchester	
	Hampshire	
	SO23 9LJ	
United Kingdo	om of Great Britain and Northern	
	Ireland (the)	
GMS ORGANISATI	ION	
No Response		
Section 3 - Pro	niect Details	
Jection 3 - P10	oject Details	

**Grant size** 

What size of grant are you applying for?

O Up to £1,000 ○ £1,001-£3,000
Project Explanation
In no more than 200 words please provide a clear explanation of what you require the funding for.
Please describe the project/activity you will carry out, who will benefit and how they will benefit.
No Response
What is the evidence of need for the project?
What evidence do you have that demonstrates your project is needed? Have you consulted the people who will directly benefit?
(Types of evidence may be a project that supports local or national strategies, is there a lack of service/activity in the local area, have you got a waiting list of people wishing to participate? Have you surveyed people who are likely to use the service or attend the activity?)
No Response
Community plan
Does this appear within the community plan developed for your Parish or neighbourhood? Please refer to our website to see if your local area has a Community plan.
<ul><li>○ Yes</li><li>○ No</li><li>○ Don't know</li><li>○ We don't have a community plan</li></ul>
Project ward
Please select the place where you will carry out your project or activity. You can view a ward map on our website here: ward map
No Response
Funding themes
Please tick the outcome that you believe best describes what your project will help to achieve. For further information please refer to the funding priorities published on our website.
<ul> <li>□ Developing or improving spaces where people come togetherng</li> <li>□ Developing or improving local outdoor spaces that matter to communities</li> <li>□ Increasing access to local activities and events and empowering communities to deliver them</li> <li>□ Helping more people to walk, cycle and wheel around their local neighbourhood</li> <li>□ Increasing access to local goods and services</li> </ul>

	I support the funding theme selected above. How will you
measure the success of your projec  No Response	t in meeting this priority.
No hesponse	
What is the proposed start and com	pletion date for your project?
Please note that the start date for pr 31/01/2026	ojects should be after 01/6/2025 and should be complete by
Start date	No Response
End date	No Response
Service user details	
How many unique people (from with view the Winchester Ward map click	in the Winchester District) are likely to benefit from this project? To <u>here.</u>
Total unique beneficiaries	No Response
How will you make people aware of	your project?
demographic as possible can benefit. protected characteristics are not exclureassignment, marriage and civil partresexual orientation.	ople aware of your project so that as many and as broad a We are particularly interested in ensuring that those with uded. Protected characteristics include age, disability, race, sex, gender nership, pregnancy and maternity, religion or belief (or lack of belief),
No Response	
Charge for services or activities	
Do you charge for your activities or se	rvices?
○ Yes ○ No	
Licences or permissions needed	
DI CHILL CONTRACTOR	

Please tell us about any licences or permissions that have been granted in relation to your project. For example landlord permission for work, planning permission, event licences. You can upload documents to support this at the end of the form.

If these are not required please state Not Applicable.

No Response

# Section 4 - Finance/Budget

### **Grant Requested**

No Response

## **Project cost breakdown**

Please provide a breakdown of costs for the overall project. You can use the '+' symbol to add more lines as required. For each item please indicate where you intend to obtain the item from and enclose one estimate/quote. We do need to see evidence for the costs you are outlining so please do not just submit a list of costs - you could submit a previous invoice, website links or quotations as evidence.

Item	Cost	Estimate included?
No Response	No Response	No Response
Total project cost	No Response	
Is your Organisation VAT registered?	AT O Yes O No	

## Other funding

Please detail the other sources of funding for the project. Include here where your match funding is coming from.

If you are applying for over £1,000 please use this section to tell us about your match funding.

	Name	Amount
Confirmed Grants	No Response	No Response
Grants awaiting decision	No Response	No Response
Fundraising and other income	No Response	No Response
	Total other funding amount	No Response

### Please explain how any shortfall would be met

No Response

#### Reduced funding

What would happen if your application was only partially awarded or unsuccessful

No Response

# **Section 5 - Supporting Information**

Have you submitted an application within the last 6-12 months?			
O Yes O No			
1. Please upload the following documentation			
Constitution/statement of aims	No Response		
Projected budget  If you are a new applicant to this grant scheme please provide a basic budget forecast for this financial year 2025/26	No Response		
Please upload copies of any permissions or licences granted if applicable to your project	No Response		
Recent bank statement	No Response		
☐ Indemnity insurance ☐ Adults safeguarding policy ☐ Volunteer policy ☐ Child protection policy ☐ Health and safety policy ☐ Equality and diversity policy ☐ Environmental policy  3. Please indicate whether your organisation spentected characteristics listed below:	ecifically targets people with one or more of the		
a) Sex	<ul><li>□ Male</li><li>□ Female</li><li>□ Transgender</li><li>□ All groups</li><li>□ Not targeted</li></ul>		
b) Age	☐ Young people (under 25) ☐ People (25-65) ☐ Older people (65+) ☐ All groups ☐ Not targeted		
c) Disability	<ul><li>☐ People with disabilities</li><li>(physical/emotional/mental)</li><li>☐ Not targeted</li></ul>		

d) Sexual orientation	☐ Gay ☐ Lesbian ☐ Bisexual ☐ Heterosexual ☐ All groups ☐ Not targeted
e) Race	<ul><li>□ Race (including ethnic or national origins, colour or nationality)</li><li>□ Not targeted</li></ul>
Please specify if targeted:	No Response
f) Religion or belief	☐ Specific religion or belief☐ Not targeted
Please specify if targeted:	No Response
g) Marriage and Civil Partnership	☐ Targeted ☐ Not targeted
Please specify if targeted:	No Response
h) Pregnancy and maternity	☐ Targeted☐ Not targeted
Please specify if targeted:	No Response
I understand that the receipt of this ap	and criteria for the District Small Grant Scheme 2025-26. Oplication by Winchester City Council does not in any
way signify that the City Council has agfunding.	greed the project is eligible for or will receive grant
I declare that to the best of my knowle application and in any supporting mat	edge and belief the information supplied on this erial whether supplied now or subsequently is correct or thority to sign on behalf of the organisation making this
	is form electronically. In doing so you confirm that your lent of your manual signature on this form.
Unchecked	
Date of signature	
No Response	
Name of signature	
No Response	

#### **Position of signatory**

No Response

#### **Data Protection Statement**

Any personal data you supply on this application form will only be used for purposes in connection with the Winchester City Council Grant Scheme.

In line with our transparency reporting procedures, we would however, publish a list on our website (<a href="http://www.winchester.gov.uk/grants/voluntary-and-community-grants-awarded">http://www.winchester.gov.uk/grants/voluntary-and-community-grants-awarded</a>) of organisations to which we have awarded grants.

The Council's data protection and privacy policy was detailed upon registration of this system. Should you require a refresh of this information please see links below:

- Winchester City Council Privacy Policy
- Winchester City Council Data Protection and Privacy protocol

# **Section 8 - Completion**

This is the final page of the application form.

Please press the "Save current page" button below.

If the progress bar at the top of the page is marked as **"100% complete"** you may now submit your application form using the **"Submit Application"** button located towards the top right of the page, beneath the % complete bar.

If the application is **not marked a 100%** complete please press the '<u>return to summary</u>' button above and it will show you which section is incomplete.

Your application will not be reviewed until you click to submit it.