

# FAKENHAM AREA PARTNERSHIP

## Local Community Project Fund



**FAKENHAM AREA PARTNERSHIP  
LOCAL COMMUNITY PROJECTS FUND**

If you need help with this form, please contact the Partnership Co-ordinator  
**Please use black ink and write clearly**

Project Contact Name \_\_\_\_\_

Tel No (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Group / Organisation \_\_\_\_\_

Parish(es) in which project will take place \_\_\_\_\_

**PROJECT DETAILS**

**Q1 What is your project name?** \_\_\_\_\_ **Amount Requested** \_\_\_\_\_

**Q2 Please describe your project**

(Please explain the details of the project – what you are going to do and where it will take place)

Please indicate if successful who the cheque should be made payable to:

\_\_\_\_\_



## COMMUNITY INVOLVEMENT

**Q3 How will the community be involved in the delivery of the project?**

**Q4 Which sectors of the community will benefit and how?** (ie young children, young adults, disabled groups etc)

## PROJECT MANAGEMENT / SUSTAINABILITY?

**Q5 Project Start Date** \_\_\_\_\_ **Completion Date** \_\_\_\_\_

**Q6 Who or what organisation will manage the project?**

**Q7 How will the project be managed once it has been set up?**

**Q8 How will you measure the success of the project ?** (show what measurable targets will be put in place)

**Q9 If your project involves working with children, young adults and other vulnerable adults, do you have a Child Protection Policy?**

Yes (please attach a copy with the form)

No   
(if no please confirm that CRB checks will be carried out on all staff/volunteers in direct contact with children, young adults and other vulnerable adults)

CRB Checks will be carried out if applicable

**PROJECT COSTS**

**Q10 How much will the project cost? TOTAL** £ \_\_\_\_\_

**Q11 Please give us detail of the match funding you have obtained or applied for?**

Applied For / Obtained	Source	Amount
_____		£ _____
_____		£ _____
_____		£ _____
	TOTAL	£ _____

**Q12 Please advise any in kind match funding?**

\_\_\_\_\_ £ \_\_\_\_\_  
\_\_\_\_\_ £ \_\_\_\_\_  
\_\_\_\_\_ £ \_\_\_\_\_

(volunteer time, calculate this at £10 per hour)

Please forward with this form a copy of your organisations latest set of audited accounts, evidence of match funding (letter requesting or letter confirming award), you organisations constitution or rules

\_\_\_\_\_  
Signature (PROJECT CONTACT NAME)      Date

On behalf of \_\_\_\_\_

