

Shropshire Partnership Equalities Forum

Diversity and Equality Awards

Project Application Form

Please refer to the Guidance when completing this form

1	BACKGROUND INFORMATION
1a	Project Name
1b	Where will your project take place? (Town/Parish/District)
1c	Details of organisation making application <i>(if possible please attach/enclose details of your organisation e.g. charity number, constitution terms of reference)</i>
Organisation name:	
Address:	
Post Code:	
Name of person applying:	
Telephone No:	
Email address:	

1d	Aims of your organisation (what does your organisation do?)*
1e	Does your organisation have a bank account with at least two signatories? If not please seek advice from Shropshire Partnership
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Bank Account Details</u></p> <p>Bank Name Account Name</p> <p>Account Number..... Sort Code.....</p> <p>Bank Address.....</p> <p>.....</p>	
1f	Please explain what your project is going to do?* (e.g. your business/work plan)
1g	Which of the Grant scheme aims does your project meet? (Please tick)

<p>a) Developing Opportunities for training and equality Issues <input type="checkbox"/></p> <p>b) Providing support for small local festivals and events to celebrate diversity and equality <input type="checkbox"/></p> <p>c) Providing resources to help diverse minority communities and groups to develop initiatives around Diversity and Equality <input type="checkbox"/></p>	
1h	How does your project support and link with the priorities of the Local or Partnership Community Strategies?*
1i	Description of your project
Key stages of the project with timescales:	
Links to any existing activity:	
1j	a) How do you intend to involve the local community in your project and b) How will you involve 'wider' community groups in your project?*

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1k	How have you identified a need for this project?* Please give details.
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1l	What results will the project achieve?*
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Result (outputs)	
Number of new volunteers:	
Number of new training places:	
Number of new awareness raising events:	
Number of people to be supported/helped:	
Number of groups supported/Helped:	
Others: Please list	
E.g. Publications produced	

1m	Project dates
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Project start date:	
Project end date:	

1n	Please explain how the project will be managed both practically and financially
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How will the project finances be managed and by whom?

Who will be responsible for overseeing the delivery of the project?

Who will be responsible for reporting on the project?

2 PROJECT FINANCE				
2a Total project costs				£
What elements of costs are involved in the project?	How much will it cost?	How much do you want from the Equality Awards?	How much will be sought from other funding sources?	Total Project Costs
E.g. Venue Hire, printing, travel				
Total				

2b Match funding Sources – If other funding is being used please indicate the source and amount below		Amount	Has this match been secured?
Parish			
Local Authority			
Lottery			
Community Chest /Opportunity Fund			
Others including private			
In Kind match funding			
e.g. Volunteering hours			
3a	ADDITIONAL INFORMATION <i>Please add any additional information below or enclose</i>		
3b	How will you publicise your project?*		
Declaration by the Applicant: I declare that to the best of my knowledge the information given on this application form and any supporting material is correct.			

Signed:	
Name:	
Position/Role:	
On behalf of:	
Date:	

Please return this form to:
External Funding Team, Shropshire Partnership, Shirehall, Abbey Foregate,
Shrewsbury, SY2 6ND. Email: external.funding@shropshire.gov.uk