

APPLICATION FORM

The Money Tree Fund



Plymouth
Community Homes



Application Form

The Money Tree Fund

Your contact details

1. Your name

Title	First name	Surname
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2. Your address

	Postcode
Telephone daytime	Telephone evening
Email	Mobile

Any other main contact person for this application

3. Details

Title	First name	Surname
Address		
		Postcode
Telephone Daytime		Telephone Evening
Email		Mobile

4. Who you are

For example, tenant, leaseholder, chair of local residents group, member of local community group, housing officer,

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If you are part of a local organisation

5. How would you describe your organisation?

Please tick all boxes that apply.

Registered charity Registration number:

Voluntary organisation Community Group Residents Association

Social Enterprise Tenant Management Organisation

Other Please describe:

Your project/proposal

6. Please write a brief description of your project/proposal and tell us what this funding will pay for if the application is successful. You can attach rough plans or drawings to this application form.

7. Please give reasons why this project is necessary? Tell us about any evidence you have collected, including any consultation with neighbours that support the idea.

A large empty rectangular box with a black border, intended for the applicant to provide their response to question 7.

Timescale

12. Have you got any ideas about when this project should start?

Please note: We cannot fund projects retrospectively.

13. Is this project something you'd like to run yourselves? For example, you might be applying as a Residents Association for a small project that you'd like to be in charge of. If yes, please tell us what you would do.

Data Protection

The information you have supplied in this form will be used to process your grant application and for monitoring and statistical analysis purposes. Some of the information will be held on a database at Plymouth Community Homes.

We may occasionally wish to share your contact details with other statutory bodies and voluntary and community organisations for use in surveys and consultations. We may also share your contact details with organisations wanting to send you information about matters of interest to the voluntary and community sector. Please tick the box if you agree that we may use your contact details for this purpose.

Declaration

I declare that the information supplied in this application is true and that any grant money received from Plymouth Community Homes will be used for the purposes described in this form.

Signed

Date

Submitting your application

Please return your application form to:

(If this page is blank, please hand in your application form at your local Housing Office or at Plymouth Community Homes head office at Princess Court.)

Please complete the monitoring information on the next page.

Monitoring supplement

Please do your best to answer the questions in this section as accurately as you can. You **must** complete these questions as they provide us with important information about the people who will benefit from your project/proposal.

This information is collected in order to monitor our grant programmes for equal opportunity.

1. Please tell us about the people who will benefit from your project/proposal. (Tick)

We realise that it can be difficult to know exactly who will benefit from your project/proposal, but please try to make a good estimate. It is perfectly acceptable if you only tick one or two boxes.

You should only tick the category 'Whole community' if you have no indication at all of who might benefit.

- | | | | |
|---|--------------------------|-------------------------------|--------------------------|
| Boys/Men | <input type="checkbox"/> | Girls/Women | <input type="checkbox"/> |
| Young People (under 25) | <input type="checkbox"/> | Older People (65+) | <input type="checkbox"/> |
| Black & minority ethnic communities | <input type="checkbox"/> | Children & Families | <input type="checkbox"/> |
| People with physical disability | <input type="checkbox"/> | People with mental disability | <input type="checkbox"/> |
| People with learning disability | <input type="checkbox"/> | Unemployed people | <input type="checkbox"/> |
| People on low incomes | <input type="checkbox"/> | Lone parents | <input type="checkbox"/> |
| Deprived people living in urban areas | <input type="checkbox"/> | | |
| People in areas of poor housing | <input type="checkbox"/> | | |
| Deprived people living in rural areas | <input type="checkbox"/> | | |
| Carers | <input type="checkbox"/> | | |
| Whole Community | <input type="checkbox"/> | | |
| Other voluntary & community organisations | <input type="checkbox"/> | | |

2) How will this project address the needs or be of benefit to the above groups?

THE REST OF THIS FORM IS FOR OFFICE USE ONLY

Which Advisory Group is considering this application?	
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Who is the Application From?	
Date of first meeting to consider the application	
Meeting Attendees (please list)	

Advisory Group Tracking	DATE	Notes
Initial meeting		
Meeting with applicant(s)		
Site Visit		
Costings ordered		
Plans ordered		
Other agencies contacted		
Second meeting		
Draft recommendations circulated (local groups/partners/staff/PETRA)		
Decision (Approved/Declined/Referred for further investigation)		
Feedback to applicant(s)		
Publicity ordered		
Project started		
Project completed		

APPLICATION FORM NUMBER:

NOTES PAGE

(Include details of further meetings)

Payment Details

Amount awarded

Administered by:

Date:

Signature Panel

Please confirm by signature that this application has been formally considered:

Name of Team Leader:

Position:

Date: