**Cheshire West and Chester Welcoming Spaces Grant Fund**

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| Name of group/organisation/building: | |  | | | | | | |
|  | | | | | | | | |
| Is your group or organisation a: (please tick any options that apply): | | | | | | | | |
| Voluntary and community organisation | | | | | | | |  |
| Constituted group or club | | | | | | | |  |
| Registered Charity | | | | | | | |  |
| Charitable incorporated organisation (CIO) | | | | | | | |  |
| Not-for-profit company | | | | | | | |  |
| Community interest company (CIC) | | | | | | | |  |
| Parish or Town Council | | | | | | | |  |
| School | | | | | | | |  |
| If you are a registered charity, CIO, non-profit company or CIC, please tell us your registration number: | |  | | | | | | |
| If you are not one of the above, please tell us the type of organisation: | |  | | | | | | |
|  | | | | | | | | |
| Please give details of two contacts for your group/organisations (one must be the main contact): | | | | | |  | | |
|  | | | | | | | | |
| Name: |  | | | Name: | |  | | |
| Position: |  | | | Position: | |  | | |
| Address: |  | | | Address: | |  | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
| Telephone: |  | | | Telephone: | |  | | |
| Email: |  | | | Email: | |  | | |
|  | | | | | | | | |
| When did your group/organisation start? | | |  | | | | | |
|  | | | | | | | | |
| Is your project open to everyone or is it aimed at a specific group of people? Please give details: | | |  | | | | | |
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| How many people can your Welcoming Space comfortably accommodate during each session? | | |  | | | | | |
|  | | | | | | | | |
| Please explain why you are seeking a grant and how this grant will help? (400 Words Max) | | | | | | | | |
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| Please give the address of your Welcoming Space: | |  | | | | | | |
|  | | | | | | | | |
| When will your Welcoming Space open? Please give details (e.g. Every Monday 10am to 12pm each week starting from XX date until XX date.) | |  | | | | | | |
|  | | | | | | | | |
| How many volunteers will support your project? | |  | | | | | | |
|  | | | | | | | | |
| Are you happy to register on the national register of warm spaces at <https://www.warmwelcome.uk/> | | | | | |  | | |
|  | | | | | | | | |
| What amount are you requesting from the Welcoming Spaces Fund? **(Max. £1200 grant)** | | | | | | £ | | |
|  | | | | | | | | |
| In the table below, please tell us the anticipated costs of the project for which you have applied for. **Please keep evidence of these costs/quotes and any spend including receipts and bank statements as we may request them for monitoring or triggering further payments.** | | | | | | | | |
| **Item** | | **Amount** | | | | **Notes** | | |
| E.g. Tea and Coffee | | £ | | | |  | | |
| E.g. Equipment | | £ | | | |  | | |
| Other | | £ | | | |  | | |
| Other | | £ | | | |  | | |
| Other | | £ | | | |  | | |
| **Total Project Cost** | | £ | | | |  | | |
|  | | | | | | | | |
| Please provide the following banking information: | | | | | | | | |
| Account name: | |  | | | | | | |
| Bank name: | |  | | | | | | |
| Account Number: | |  | | | | | | |
| Sort code: | |  | | | | | | |
|  | | | | | | | | |
| Do you have the relevant health and safety, food hygiene (where applicable) and safeguarding processes and policies in place? (We can help with this) | | | | | Yes | | No | |
|  | | | | | | | | |
| Is there anything else you wish to tell us in support of your project? Please feel free to use additional space if required. | | | | | | | | |
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| Cheshire West Welcoming Space Charter  As a Welcoming Space we commit to:   1. A warm welcome being provided, as well as a warm place 2. Everyone who attends will be treated equally, with dignity and respect 3. Providing a safe place with any relevant safeguarding, health and safety, and food hygiene policies and regulations adhered to 4. Confidentiality and discretion – not telling anyone the reason why some needs a Welcoming Space, unless an individual gives permission and / or it raises a safeguarding issue 5. Being non-judgemental – whatever the reason for attending a Welcoming Space, people will be treated the same and never judged | | | | | | | | |
| Name: | |  | | | | | | |
| Signed (electronic signature is acceptable): | |  | | | | | | |
| Date: | |  | | | | | | |
|  | | | | | | | | |
| The project/activity work must be commenced within three months of receiving the grant. Any grant money received for work not subsequently undertaken must be refunded. The applicants undertake to complete and return monitoring and evaluation reports as requested by Cheshire Community Action.  I UNDERSTAND THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT THE DECISION OF THE GRANTS PANEL OF CHESHIRE COMMUNITY ACTION (CCA) ON THIS APPLICATION WILL BE FINAL AND THAT CCA SHALL NOT BE OBLIGED TO GIVE REASONS FOR THAT DECISION. I UNDERSTAND I WILL HAVE NO RIGHT OF APPEAL AGAINST THAT DECISION. I UNDERSTAND THAT, IF SUCCESSFUL, MY APPLICATION MAY BE USED TO FURTHER PUBLICISE THE WORK OF CHESHIRE WEST AND CHESTER COUNCIL. | | | | | | | | |
| Name: | |  | | | | | | |
| Signed (electronic signature is acceptable): | |  | | | | | | |
| Date: | |  | | | | | | |
| **Please return to (by 12.00pm on Friday the 13th of December 2024):** | | [enquiries@cheshireaction.org.uk](mailto:enquiries@cheshireaction.org.uk) | | | | | | |