



Building Recovery in Communities Funding Application Form (2019)

1. Name of Organisation(s)/Partnership(s)/Individual(s) Applying for Funding:

Please give your name and indicate if you are a Limited Company, Registered Charity, Sole Trader etc:

2. Lead Contact(s) Details (responsible for delivery), inc postal address, telephone and email :

3. Project Geographical Coverage (County or Locality):

4. Description of the Project & Duration (include start and/or end dates where applicable):

OFFICE USE ONLY
PROJECT NAME:
BRiC NUMBER:
AMOUNT:
OUTCOME:

5. Project Financial Profile / Funding Applied For:

Total Project Cost:

Funds/ Grants Being Requested in this Application:

Item description/details	Estimate or actual?	Cost	Quantity	Total cost
Staffing				
Management				
Transport				
Capital				
Running Costs eg: rents/expenses/consumables/fuel:				
Advertising				
Accommodation				
Other				
			TOTAL	

Funds/ Grants Being Sought Elsewhere:

Item description/details	Estimate or actual?	Cost	Quantity	Total cost
Staffing				
Management				
Transport				
Capital				
Running Costs eg: rents/expenses/consumables/fuel				
Accommodation				
Advertising				
Transport				
Other				
			TOTAL	

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6. Needs Identification

7. Intended 5-Ways to Wellbeing Outcomes, Benefits & Goals

Please describe how your project will enable one or more of the following:

Connection

Being Active

Giving

Taking Notice

Learning

8. How Will the Project Create Sustainable and Long-lasting Improvements to you and/or your Community?

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9. Outcomes

What will you regard as a successful outcome to your project and how will you demonstrate its effectiveness?

10. Banking Details (Please note personal bank accounts are not acceptable)

Organisation/Name:

Bank:

Bank Account:

Bank Sort Code:

11. What Will Happen to Your Project If Your Application Is Not Successful?

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12. Declarations:

1. Declare any personal interest you have in this application, or any ways in which you are personally involved or related to those applying:

2. Have you applied for a BRiC Fund (or Innovation Fund) for any project/enterprise/service which is indirectly or directly related to this application? (If YES please state details)

3. I have read and understood the funding guidance notes and consent to my application being processed and the information recorded on this form being stored and shared with RRR workers, LUF representatives, stakeholders and partner organisations for assessment and evaluation purposes.

Signed.....Date:

Signed.....Date:

Print Name(s):.....

On behalf of (if an application on behalf of an organisation)

Please note grants are subject to formal approval and the availability of funding which can be amended or withdrawn at any time.

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GATE I Panel Recommendation: (To Be Completed by Gate I Panel)

Accepted

Part Accepted

Deferred

Declined

Reasons/Additional Recommendations:

Panel Approval & Decision Making (To Be Completed by Gate I Panel):

Gate I Panel Comprised (indicate where applicable):

LUF Lead:

RRR Locality Worker:

CGL Worker:

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AMOUNT:

OUTCOME:

GATE II (Office Use):

Gate 2 – Panel Decision and Date:

Amount Requested at Gateway 1:

Comments:

Signed.....Date

Signed.....Date

GATE II Presentations - There are 4 panels per annum, please ensure final applications are submitted by the beginning of the month for each panel. You will be notified if your application is approved by the Gate I panels and be given a date & time to attend the Gate II presentation to discuss your proposal, usually held between 18th - 21st of the month.

BRiC Gate II Panel Schedule

	QUARTER ONE DATE	QUARTER TWO DATE
NORTH	Mid May	Mid August
EAST	Mid May	Mid August
CENTRAL	Mid May	Mid August
	QUARTER THREE DATE	QUARTER FOUR DATE
NORTH	Mid November	Mid February
EAST	Mid November	Mid February
CENTRAL	Mid November	Mid February

(Please email completed applications to admin@redroserecovery.org.uk or post to Red Rose Recovery, St Wilfrid’s Building, Fox Street, Preston, PR1 2AB. Telephone: 01772 821440)

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Membership Form

Date:

Name:

Address:

Email:

Phone:

DoB:

Gender:

Reason for referral:

I want to become a member of Red Rose Recovery:

Signature:

Can we contact you in the future about Red Rose Recovery and Lancashire User Forum opportunities, events projects and groups?

Phone:

Text:

Email:

Post:

Consent Form

By signing this form you are confirming that you are consenting to Red Rose Recovery, holding and processing your personal data for the following purposes (please tick the boxes where you are happy to grant consent):

Reason for holding your data:

"To promote the work and future growth of the Charity by being able to, "

- Keep you informed about RRR news, events, activities and services;
- Keep you informed about LUF news, events, activities and services;
- Contact you with surveys about current events;
- Share your video/digital images on the Internet and Phone apps;
- All of the above.

Signature:



You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data, except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

If you do grant consent, please note you can withdraw your consent to all or any one of the above purposes at any time by contacting admin@redroserecovery.org.uk Please note that all processing of your personal data will cease once you have withdrawn consent but this will not affect any personal data that has already been processed prior to this point.

OFFICE USE ONLY

PROJECT NAME:

BRIC NUMBER:

AMOUNT:

OUTCOME: