# **Crowdfunding Application Form**

In order to progress with your application, you must confirm that:

* You are authorised to apply for funding on behalf of your organisation
* Your organisation does/will provide a service to residents in Wigan Borough
* Your organisation has a registered bank account with 2 signatories who are not related and do not live the same address
* If your project requires any permissions around planning or licensing, then this has already been obtained
* You understand that if you make any misleading statements – deliberately or accidental – at any stage in the application process it could make your application invalid, and you could be liable to repay any funds to us.
* You agree to the Data Protection and Freedom of Information arrangements

I confirm that my organisation meets all these requirements

|  |  |
| --- | --- |
|  | (please tick) |

Top of Form

Bottom of Form

Organisation/group name:

Your full name:

Your role in the organisation:

Email address:

Telephone:

Applicant/organisation/group address:

Will the project operate from this address?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If no, please tell us where the project will operate from:

Does the organisation have a website, if so please put it here:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Is this application for political or religious purposes?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Has the organisation applied for the Community Investment Fund or the Community Recovery Fund before?

If yes please explain what the funding was for:

## **About your crowdfunding campaign**

Project Name:

How much is your project target?

£

Tell us briefly about your project:

Tell us about the benefits your project aims to achieve, who the project benefits and the needs of the community that your project addresses

Please tick all of the following activities that your project will address:

|  |  |  |  |
| --- | --- | --- | --- |
| Advice and Information |  | Conducting Research |  |
| Arts and Cultural |  | Education and Teaching |  |
| Awareness Raising |  | Environmental |  |
| Business |  | Equipment |  |
| Campaigning |  | Events and workshops |  |
| Capacity Building |  | General Community Benefit |  |
| Health and Wellbeing |  | Organised sports |  |
| Promoting Equal Opportunities |  | Providing Services |  |
| Refurbishment |  | Regular Meetings |  |
| Social Relief |  | Training |  |
| Other |  |  |  |

|  |
| --- |
| If you have ticked other, please explain |

Please select the following outcomes that your project will achieve – tick all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| Improve access to employment |  | Improve mental wellbeing |  |
| Improve access to education/training |  | Reduce isolation |  |
| Increase independence |  | Increase participation in arts/culture |  |
| Improve accessibility |  | Increase participation in environmental work |  |
| Improve physical health |  | Other |  |

|  |
| --- |
| If you have ticked other, please explain |

Please describe how your project will achieve these outcomes:

(Please outline at least 2 measurable ways in which your outcomes will be achieved)

Please provide a breakdown of costs of the project:

(Description/amount/ongoing cost/one off/any match funding)

At the end of your project we will be sending you a survey to ask you about the outcomes you have achieved. Please make sure that you complete the survey. If we don’t have evidence of the project delivery, we may ask you to repay the money we have awarded to you.

* If my application for funding is successful, I will complete an impact report / survey on the outcomes of your project.
* I declare that the information supplied in this application is true.
* I agree that, if this application is successful, any grant money received will be used for the purposes described in this form and in accordance with the terms and conditions.
* I confirm that I am duly authorised and empowered to confirm this on behalf of the applicant group

|  |  |
| --- | --- |
| I agree to all of the above (please tick) |  |

Signed:

Date:

Please email completed forms to [Crowdfunding@wigan.gov.uk](mailto:Crowdfunding@wigan.gov.uk)