Walthamstow Stadium Community Sports Trust (WCST) Funding Application Form (up to 10k)

Completed form to be sent to Sunder Narashiman, 29/35 West Ham Lane, Stratford, London, E15 4PH or email: snarashiman@lggroup.org.uk

Outcomes we want to achieve at Walthamstow Stadium



- Advance local education in healthier living
- Promote community participation in healthy recreation
- Provide facilities for sport, recreation and other leisure activities in the interests of social welfare
- Improve the conditions of life for those who use the facilities

Target beneficiaries

L&Q residents living on our new housing scheme located at Walthamstow Stadium and the surrounding communities.

All projects must be delivered or based within one mile of the surrounding area.

Summary of application (for office use only)

To be completed by the Project Manager or members of Walthamstow Stadium Community Sports Trust (WCST) supporting this application.

By completing this form, you confirm that you have assessed partner organisations involved in this application, and that you will be responsible for managing any grant given from WCST. This will include ensuring that delivery by the partner is monitored and evaluated according to current departmental process and agreed requirements.

Some partner organisations may not be able to fulfil some of these requirements, for example a small group consisting entirely of volunteers may not have accounts. In these cases, include an explanation in the notes. The WCST members will take these into account when considering the application.

Summary of	f application
Name of organisation:	
Type of organisation:	
Name of project:	
Project Lead:	
Start/End date of project:	
Amount of funds requested (£):	
Total cost of project (£):	

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Walthamstow Stadium Community Sports Trust (WCST) Funding Application Form (up to 10k)

Completed form to be sent to: Kalee Sohanpal, 29/35 West Ham Lane, Stratford, London, E15 4PH or email: KSohanpal@lqgroup.org.uk

Details of Organ	nisat	ion			
1. Project Lead Cont	tact Na	ame and Job Title:		2. [Date of application:
3. Name and address	of vo	ur organisation:			
Name:					
Address:					
Postcode:					
Telephone No:					
Mobile No:					
Email:					
Website address:					
4. What are the aims	of vou	r organisation and what ac	tivities, or services do	you prov	ride? How is your organisation
		are decisions made?	,		, ,
5. What is the legal st					
Company limited by go	uarant	ee (include			
Company no.) Registered Charity (inc	clude c	harity no.)			
Community Interest C					
•	-				
Social Enterprise (Regi Organisation)	istered	Incorporate			
Unincorporated Organ	nisatio	1 <u> </u>			
_					
Other (please state)					
6. Project Lead conta	ct deta	ails (the person who will m	anage and implement	this proj	ect):
Address:					
Postcode:					
Telephone No:					
Mobile No:					
Email:					
7. Please list any othe (insert more rows i)		nisations you will be work	ing with to deliver this	s project	
Organisation Nam		Organisation Address	Organisation co details (telephone no. and		Nature of relationship with organisation

About your project				
About your project				
8. What is the title of your	project?			
9. When will your project	start?	10. When will your project	ct end?	
11. Who will manage and im	plement the project?			
12. Please provide qualificat	ions of the person(s) who wil	I deliver the project?		
13. Tell us a short summary	of your project: (up to 150 wo	ords)		
	or your project (up to 200 in			
14. Please explain your project proposal and how it relates to Walthamstow Stadium, setting out in detail WHAT you would like to do with the grant. Provide a description of your project activities including WHEN, HOW OFTEN and WHERE the activities will take place, what happens during the activity and who will DELIVER them				
and their expertise: (up t	o ooo worasj			
Target Group(s):		Geographic area(s):		

15.	Please evidence the need for your project: (up to 600 words)
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15.	Please identify relevant sources of evidence e.g. consultations with key stakeholders, recent research reports, official
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How many people do you estimate will be reached by this project? Please note — not all projects will have indirect beneficiaries. If possible, tell us how many L&Q residents you al reach as well as your overall target. Direct Beneficiaries (Participants) (those not taking part but benefitting as a result of improvements made to participants) Total Tell us what methods you will use to engage and involve the people you intend to benefit from the project Explain how you will make your project accessible to all potential beneficiaries including L&Q residents communities living in surrounding areas. Monitoring and evaluation, what impact will you have? What are the Aims and Objectives of your project? What are the Aims and Objectives of your project?			iaries e.g. children and families, ethnic groups, genders, une	employed pec
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bjectives:				
	bjectives:			

Ī	us the Key Outputs, Outcomes. Key Performance Indicate	Outcomes	Var. indicator / Improst
	Outputs		Key indicator / Impact
	Activities – what will be done	Potential measurable data and information	Short/Long term benefits
1.			
2.			
3.			
3.			
4.			
5.			

	case outilite yo	ar project plan (give time frame with monthly ninestones for project	uclively
I	Date (mm/yyyy)	Milestone	
22.	List any monitorir tell us who will do	you monitor and evaluate this project? ng mechanisms you have in place e.g. surveying methodology, intervit. Please also explain how you will manage any data protection conspartners and funders	riews, video case studies and iderations e.g. collecting and
	Sharing data with	partners and junicers	
D	roject costs		
	roject costs		
23.	What is the total	cost of your project?	
		,	
24.	How much fundir	ng are you requesting from WCST?	
<u> </u>			
25.	How much match	funding do you currently have?	
		Funding Course	Amount (6)

		_				
Secured Match Funding		_				
Unsecured Match Funding						
(please specify a date if a funding						
decision is outstanding)						
	Total:					
26. Please provide a breakdown of	your project costs: g and all match funding sources in your calculations)					
Income:	g and an materi junuing sources in your culculations,	Income (£)				
	ney coming in including match funding sources	meome (L)				
	, 3 3					
	Income total:					
Evnanditura:	meome total.	Evnanditura (£)				
Expenditure: List all expenditure provide a break	down of costs and rates of pay, especially where a	Expenditure (£)				
lump sum amount has been provide						
Staff costs						
Please provide cost breakdow	n					
Participant costs						
Please provide cost breakdow	n					
Volunteer costs						
Please provide cost breakdow	n					
Operational / Activity costs						
Please provide cost breakdow	n					
Office, Overheads, Premises of						
Please provide cost breakdow	n					
Publicity costs						
Please provide cost breakdow	'n					
Other (please specify)						
Other (please specify)						
Other (please specify)						
	Expenditure total:					
27 What will was de if the sector of						
27. What will you do if there is a sh	ortfall in funding?					

28. Once the funding has run out, how do you envisage continuation of this project?

Г					
1					
1					
Due Diligence					
Due Diligence					
29. Please outline your	intended project risk	assessment: (insert	more	e rows if necessary)	
Risk	Likelihood	Impact		ions taken to mitigate	risk
	Low /	Low /			
	Medium / High	Medium / High			
	111811	111811			
			n 2 ye	tly examined accounts ears, please provide a fir Total Surplus or	
	Income	Expenditure		Deficit at year end	reserves at year end
					1
<i>t</i>					
31. References Please provide deta	ils of two neonle (from	different organisat	ions)	who can be contacted b	ov the WCST to provide
supporting reference		angerent organisat	10113)	who can be contacted b	y the West to provide
Reference 1:					
Name:	_				
Address:					
Postcode:	_				
Telephone No: Mobile No:					
Email:	_				
Relationship with your	organisation				
Relationship with your	organisation .				
Reference 2:					
Name:					
Address:			`		
Postcode:					
Telephone No:					
Mobile No:					
Email:					

Relationship with your organisation				
32. The following documents must be enclosed with this a Use checklist to provide all supporting documentation be must be signed and detail a review date)				
Governing documents for organisation				
(e.g. Constitution, Memorandum, Articles of A	Association, Trust Deed)			
Details of 3 unrelated organisational Board members				
Bank Details and the name of two unrelated (confirmed on headed paper by organisation)	signatories			
Latest audited Annual Accounts & Bank State	ement			
(most recent 2 years of accounts to be provided as a mi	inimum)			
Employers liability insurance				
Public liability insurance				
Equal Opportunities Statement/policy				
Health and Safety Policy				
Safeguarding Children Policy				
Safeguarding Adults Policy				
DBS reference numbers				
(for those in the project team working in direc	t contact with vulnerable people)			
Declaration				
By signing this application you agree to the follow	wing statement:			
 You (the main contact named in this applicatio 				
behalf of your organisation.				
You understand that if you make any seriously	•			
this could make your application invalid and yo	process, or knowingly withhold any information,			
Housing Trust.	a could be liable to repay any runas to Eaq			
 Should this application be successful, the content 	ents of this form will inform the service level			
agreement between your organisation and L&G	Q.			
Signed:	Date:			
Name: (in Capital letters)	Position held in Group/Organisation:			
	1. 5			
Counter signatory by organisation Director/CEO	or the Chair of Board of Trustees			
Signed:	Date:			

Name: (in Capital letters)

Position held in Group/Organisation:

lease return this applicati	on form in electroi	nic copy (with sign	atures).	