|  |
| --- |
| Halton Summer Wellbeing Fund |

**A: Contact details**

1. **Personal details**

|  |  |
| --- | --- |
| First name: | Surname: |
| Address: | |
| Postcode: | Mobile: |
| Phone number: | Email address: |

**2. Are you applying on behalf of an organisation or group?** *(please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** |  | **N** |  |

**3. If yes please state name:**

|  |
| --- |
|  |

**4. Who will benefit as a result of your activities?** *(tick all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Children and families |  | People with high risk behaviours |
|  | Young people |  | Communities |
|  | Adults in need |  | People with disabilities |
|  | Older people |  | Asylum seekers |
|  | BAME communities |  | Other- please specify |

**B: About Your Project**

**5. What is your project called?**

|  |
| --- |
|  |

**6. Please describe your project. How will you ensure it complies with Covid-19 guidance?**

*maximum 350 words*

|  |
| --- |
|  |

**7. What is the need for this project?**

*maximum 200 words*

|  |
| --- |
|  |

**8. What wellbeing outcomes do you aim to achieve with the project?**

*maximum 200 words*

|  |
| --- |
|  |

**D: Support**

**9. What is the total cost of your project?**

|  |
| --- |
|  |

**10. Please detail your proposed expenditure in the table below**

|  |  |
| --- | --- |
| **Item of Expenditure** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

**11. Over what time frame will your project run?**

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | Until: |  |

**12. References**

Please provide the names and addresses of two referees. Referees should know you and support your project idea and your group / organisation if you are a part of one. References may include people who have an important position in the community like a teacher or a community worker for example.

|  |  |  |
| --- | --- | --- |
| **Referee 1** | | |
| First name: | Surname: | |
| Job title: | | |
| How do you know this person: | | |
| Address and postcode: | | |
|  | | |
|  | | |
| Contact number: | | Email: |

|  |  |  |
| --- | --- | --- |
| **Referee 2** | | |
| First name: | Surname: | |
| Job title: | | |
| How do you know this person: | | |
| Address and postcode: | | |
|  | | |
|  | | |
| Contact number: | | Email: |

**Your signature**

I confirm that, as far as I know, all the information provided on this application form is true and correct. I understand that I may be asked for more information at any stage of the application process or when the project is running.

|  |  |
| --- | --- |
| Your signature: | Date: |

Please return to [info@wellbeingenterprises.org.uk](mailto:info@wellbeingenterprises.org.uk) or post to Wellbeing Enterprises, Bridgewater House, Old Coach Road, Runcorn, WA7 1QT by **5:00pm Sunday 1st August 2021**