

**For Office Use**

**App Ref:**

**Date Rec’d:**

**Attribute Code:**

**Ward Councillors Empowerment Fund**

**Application Form 2023-2026**

**Return completed forms to:** **WCI@BATHNES.GOV.UK**

Please confirm that you have read the Ward Councillors Empowerment Guidance Notes before proceeding**. Yes / No**

|  |  |
| --- | --- |
| Name of Councillor:  |  |
| Ward: |  |
| Phone number: |  |
| E-mail address: |  |

1) Councillor Contact Details

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| --- | --- |
| Does this project require pooling funds with another Ward Councillor, if so, please include the details here: | Yes/No: |
|  |

2) Project Contact Details:

|  |  |
| --- | --- |
| Project Name: |  |
| Project Lead: |  |
| Phone Number: |  |
| Correspondence address: |  | Post code: |  |
| E-mail address: |  |

3) Details of application: *Please limit your response in each section to 200 words.*

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| 3.1 Please provide a brief description of your project - for what is the money to be used?  |
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| 3.2 How does the project meet one of the Council’s Corporate priorities? |
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| 3.3 How does this project reflect the needs and concerns of your ward? |
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| 3.4 What community consultation has been undertaken? |
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| 3.5 Does this project affect or rely upon Council services? *If yes, please provide details of the discussions that have taken place.* | Yes/No: |
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| 3.6 What are your reasons for supporting the project, (is this project supported by the local community, parish council or local organisations)? |
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4) Project timescales

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| 4.1 Target Start Date(Please ensure enough time is given for delivering within the schemes time limit)  |  |
| 4.2 Target Completion Date(Needs to be before the September 2026) |  |

5) Project costs

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| --- | --- |
| 5.1 Total Cost of Project: | **£** |
| 5.2 Amount Sought from Ward Councillors' Empowerment Fund:(This amount will be checked to ensure the finance is available from the ward councillor allocation) | **£** |
| 5.3 Benefit (Funds or Voluntary Contributions identified from other sources including volunteer hours) | **£** |
| 5.4 Have any ongoing costs been identified for this project?*If yes, please provide details of the discussions that have taken place.* | Yes/No: |
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| 5.5 Details of the Bank Account into which the money from the Ward Councillors' Empowerment Fund should be paid: |
| Bank name: |  | Sort code: |  |
| Account name: |  | Account number: |  |

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| 5.6 If the project is being delivered internally, please enter the code below: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 5.7 Monitoring – After projects have received approval there will be a requirement for the project lead to provide the monitoring officer with receipts or invoices that cover the amount awarded. If a project fails to be delivered then any allocated funded must be returned, additionally there will a requirement for any underspend in agreed funding amounts to be returned. |
| Agreed payment date:  |  |
| Agreed completion date:  |  |
| Agreed date for final monitoring: |  |