WEST MERCIA POLICE AUTHORITY
TELFORD AND WREKIN TERRITORIAL POLICING UNIT

COMMUNITY POLICING BOARD FUND
APPLICATION FORM

1	**Name of Organisation**			
2	**Contact Name:** (Person making application)			
	Position:		**Tel No:**	
	Address:			
	E-mail address:			
3	**Details of one other officer: e.g.** Chair, Secretary or Treasurer			
	Name:			
	Position:		**Tel No:**	
	Address:			
4	**Organisation's Bank Name and Branch:**			
	Name in which account held:			
	Account Number:			
	Sort Code:			
5	**Is your group a registered charity?**		**Yes/No ***	
6	**Is your group constituted?**		**Yes/No ***	
7	**Is your group affiliated to CVS?**		**Yes/No ***	
8	**If you work with children or vulnerable adults do you have: -**			
	A child protection policy?		**Yes/No ***	
	A vulnerable adult's policy?		**Yes/No ***	
	Do your staff/volunteers have CRB checks?		**Yes/No ***	
	Do you have public liability insurance?		**Yes/No ***	

**** Please delete as appropriate***

TELFORD AND WREKIN
COUNCIL FOR VOLUNTARY SERVICE

9	**What are the aims of your organisation?**	
10	**How many service users do you have?**	
11	**Please describe the project for which you are seeking a grant.**	
12	**What is the total cost of your project?**	**£**
13	**How is this cost broken down?**	
	ACTIVITY	**£**
	TOTAL	**£**

14	**How much are you requesting from the Community Policing Board Fund?**	**£**
15	**Have you applied for other grants to support this project?** (If yes, please name organisation and state amount)	**Yes/No** **£**
16	**What difference will the funding make?** (eg: what are you hoping to achieve with the funding?)	
17	**If you are successful in obtaining a grant you will be required to provide the following information for Monitoring.** • **A short report describing the outcome or achievements of your project** • **An assessment of the total number of participants** • **Any material used to publicise the event** • **Receipts (within 3 months for equipment and after 12 months for other costs)**	

18	**Signature of chair:**		**Date:**	
	Print name:			

PLEASE ENCLOSE the documents below. If not attached your form may be returned: -

- **Constitution** (unless a new group)
- **Latest Bank Account Statement** (for verification of bank account details)
- **Quotes** (if applicable)

When this form has been completed
Please return to: -

Sue Howe/Ella Sips
CVS
Meeting Point House
Southwater Square
Telford Town Centre
Shropshire TF3 4HS

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Fax No: 01952 290384
Email: suehowe@tandwcvs.org.uk