**Livv Housing Group**

**Livv in your Community Grant Scheme Application Form**

**Section 1 – About Your Organisation**

|  |  |  |
| --- | --- | --- |
| 1 | Organisation Name |  |
| 2 | Address |  |
| 3 | Type of Organisation |  |
| 4 | Charity Registration Number (if applicable) |  |
| 5 | Company Registration Number (if applicable) |  |
| 6 | Main Contact (Name) |  |
| 7 | Main Contact (Address) |  |
| 8 | Main Contact (Telephone Number) |  |
| 9 | Main Contact (Email Address) |  |
| 10 | Can you provide proof of identification for the main contact and another contact named on your governing documents? |  |
| 11 | What does your Organisation do? |  |

**Section 2 – About the Project**

|  |  |  |
| --- | --- | --- |
| 12 | Project Name |  |
| 13 | Tell us about your project |  |
| 14 | Where will your project be delivered?  (please provide all delivery locations in Knowsley) |  |
| 15 | When will your project be delivered?  (Please note that we expect delivery to finish by 31st March 2026) |  |
| 16 | Is this an existing or new project? |  |
| 17 | How will you project engage with people who need support? |  |
| 18 | Why is your project needed and what difference will your project make? |  |

**Section 3 – About the Grant**

|  |  |  |  |
| --- | --- | --- | --- |
| 19 | How much will your project cost? |  | |
| 20 | How much funding are you requesting from Livv?  (The maximum is £6,000) |  | |
| 21 | How will you spend your project budget? Please complete the cost breakdown below. | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Cost Item** | **Livv Funding (£)** | **Other Funding (£)** | **Total Cost (£)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** |  |  |  | | | | |
| 22 | 1. Are you receiving any match funding from another source for this activity or project? (Please tick yes or no)   If yes, please provide details to include amounts, what elements of the project or activity is being funded and who is providing the funding. | | Yes |
| No |
|  |

**Section 4 - Beneficiaries**

|  |  |  |
| --- | --- | --- |
| 23 | How many people will benefit from the project? |  |
| 24 | Who will benefit from the project?  (e.g. young people, older people, people with disabilities etc.) |  |
| 25 | How will you ensure that Livv Housing Group customers are engaged in the project? |  |

**Section 5 – Outcomes**

|  |  |
| --- | --- |
| 26 | What will be the main outcome themes of your project?  (Please select from the below) |
| |  |  | | --- | --- | | **Outcome** | **Target Numbers** | | People are supported to improve the financial wellbeing |  | | People are supported to be more connected or less socially isolated |  | | People have improved health and wellbeing |  | | Young people have improved wellbeing |  | | |

**Section 6 – Grant Monitoring and Promotion**

|  |  |  |
| --- | --- | --- |
| 27 | How will you record and report on the numbers and types of people who have benefited from your project? |  |
| 28 | 1. How will you record and report on the numbers of beneficiaries who are Livv Housing Group customers? |  |
| 29 | Do you agree to take part in a review meeting with Livv Housing Group? |  |
| 30 | Do you agree to take part in promotional marketing and communications? |  |

**Section 7 - Confirmation and Review**

Thank you for completing the above application form for our consideration. Please ensure that you have reviewed you answers before submission.

By ticking this box, you are indicating that the information you have provided is correct