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|  | **Active Citizens Participatory Budgeting****Wolverhampton NPU** **Expression of Interest Form** |

1. **About you and your organisation/group**

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| --- |
| **Project name:** |

|  |  |
| --- | --- |
| **Name of organisation/group:**  | **Organisation/group address:**  |

|  |  |  |
| --- | --- | --- |
| **Project contact/owner:** | **Position in organisation:** | **Contact details:****Daytime telephone number(s)****Fax****Email** |

1. **Does your organisation/group hold a separate bank account which has at least two signatories? Yes/No**
2. **If you have answered No, please provide the details of a constituted organisation, who does hold a bank account which has at least two signatories, who has agreed to receive and manage the funds for this project on your behalf.**

|  |  |
| --- | --- |
| **Name of organisation/group:**  | **Organisation/group address:**  |

|  |  |  |
| --- | --- | --- |
| **Organisation contact:** | **Position in organisation:** | **Contact details:****Daytime telephone number(s)****Fax****Email** |

1. **About the project**

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| --- |
| **Which neighbourhood(s) will your project take place in?** |

|  |
| --- |
| **Summary of project:***Provide a brief summary of your project ensuring you explain how your project links to reducing crime, anti-social behaviour, harm and/or vulnerability.* |

1. **Outcomes of your project**

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| --- |
| **Summary of outcomes of your project:***Provide a brief summary of what will be achieved by your project.* |

1. **Timescales**

|  |  |  |
| --- | --- | --- |
| **Project start date:** |  | **Project end date:** |

1. **Project costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemised breakdown** **of costs\*** | **(A) Amount requested from Active Citizens Participatory Budgeting** | **(B) Amount contributed from other funding** **(identify source)** | (A+B) Total cost |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** | **£** | **£** | **£** |

**When you have completed the application, please read and sign below. You must provide a written or scanned electronic signature.**

**I certify that the information supplied is accurate to the best of my knowledge. I understand and accept that providing deliberate false information could result in legal action being taken against me and withdrawal of funds awarded.**

**Signed for and on behalf of: ….………………………………………………………………………**

*[your organisation name here]*

**Name: ..…………………………………………………………………………………………………..**

**Position: …..……………………………………………………………………………………………..**

**Date: ……………………………………………………………………………………………………..**

**If you have partnered with a constituted organisation, please ask them to complete the following:**

**Signed by supporting organisation: ………………………………………………………………..**

*[your organisation name here]*

**Name: ..…………………………………………………………………………………………………..**

**Position: …..……………………………………………………………………………………………..**

**Date: ……………………………………………………………………………………………………..**

**Please send your completed application to:**

* Funding and Initiatives Officer, Partnerships Team
* Wolverhampton Central Police Station, Bilston Street, Wolverhampton, WV1 3AA

**Or Email:**

* wv\_partnerships@west-midlands.pnn.police.uk

*Once your application form has been received we will ensure that your application meets the criteria of the fund and then invite you along to the next Participatory Budgeting meeting (which are expected to be held in February 2017).*