 

Eden Locality - Community Emergency Readiness

Grant Application Form

**Section 1 - Contact details**

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| --- | --- |
| Name of Group: |       |
| Parish: |       |
| Name of main contact: |       |
| Position in Group: |       |
| Contact address: |       |
| Post code: |       |
| Telephone number (incl STD): |       |
| Mobile number: |       |
| Email address: |       |
| Address for correspondence (if different from above): |       |
| Post code: |       |

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| --- | --- |
| Where did you hear about Community Emergency Planning? |       |

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| Which ACT officer have you been in contact with? |       |

**Section 2 - Description of your community**

Please provide a summary about the area your Community Emergency Plan covers e.g. the extent of the area, population, any particular issues you want to address, and any work you have already done which is relevant.

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**Section 3 – Links with your Local Authorities & emergency response agencies**

In order to qualify for this grant, you must have contacted Westmorland and Furness Council to let them know what you’re doing. Please confirm you have done this, and their response. ACT can provide you with the relevant contact details.

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: | Contact Name: | Date contacted: | Response: |
| Westmorland & Furness Council Officer |       |       |       |
| Westmorland & Furness Council Councillor |       |       |       |
| National Park(if applicable) |       |       |       |

**Section 4 – Proposed Community Emergency Readiness**

Please summarise the community actions identified in your Community Emergency Plan and how your intended expenditure will help you be better prepared to implement these.

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**Section 5 – How you plan to spend the grant?**

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| Activity / Item: | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
| Total grant requested: |  |

**Section 6 - Confirmation**

I confirm that I have read the grant guidance notes and agree to the terms and conditions of the grant. I confirm that, to the best of my knowledge and belief, all the information in this application is true and correct. I hereby apply for a grant from ACT and confirm that I have the authority to do so.

|  |  |
| --- | --- |
| Signature: |  |
| Name in BLOCK LETTERS |       |
| Position |       |
| Name of Group |       |
| Date |       |

**Please email to:** info@cumbriaaction.org.uk

**Or post to:** ACT, Room 11, Redhills House, Redhills Business Park, Penrith CA11 0DT

**Please email to tell us if you are posting this as the office is not staffed full time.**

***ACT champions community and rural issues***

ACTion with Communities in Cumbria, Room 11, Redhills House, Redhills Business Park, Penrith CA11 0DT

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