

SECTION A: ABOUT YOU

A1 Name of Organisation **CITIZENS ADVICE SERVICE IN THREE RIVERS**

A2 Name of Contact Person **MARION SENESCHALL**

A3 Address of Organisation **NORTHWAY HOUSE, HIGH STREET,**
or Address of Contact Person **RICKMANSWORTH, HERTS**

Postcode **WD3 1EH.**

A4 Telephone Number Daytime **01923-293131**
Evening **01753-886346**

A5 Fax Number **01923-293133**

A6 E-mail address **rickmansworthcab@cabnot.org.uk**

A7 What is the status of your organisation? - Please tick heading

Registered Charity (please give number) Charity No. **1104392**

Voluntary or Community Organisation

Housing Association

Unregistered Association

Other (please state)

A8 What is the purpose of your Organisation? **TO HELP ANY MEMBER OF THE PUBLIC TO RESOLVE ANY ISSUES THEY MAY HAVE.**

A9 Does your Organisation have a formal constitution? Yes No

A10 Has your organisation started up in the last year? Yes No

A11 Approximately how long has your organisation been in existence? **13 YEARS**

A12 Are you affiliated to a National Body? Yes No
If Yes state which one(s) **CITIZENS ADVICE, THOUGH WE RECEIVE NO FUNDING FROM THEM.**

A13 Which geographical area will you be working in? - Please tick heading

All of Croxley Green

Dickinsons Ward

Durrants Ward **- THOUGH ADVICE SESSIONS OPEN TO ALL CROXLEY RESIDENTS.**

SECTION B: APPLICATIONS FOR FUNDS

B1 How much are you applying for? £785-3 HRS PER MTH PAID ADVISER

B2 What is the total cost of your project £785 SALARY + LIBRARY ROOM RENTAL
(use a separate sheet of paper if necessary) (£545 ADVISER SALARY PA + £240 ROOM RENTAL)

B3 What do you aim to achieve with this funding? WE AIM TO CONTINUE TO OFFER CAB ADVICE IN CROXLEY LIBRARY ONCE PER MONTH FOR 1 YEAR TO ENABLE THE ELDERLY, DISABLED OR VULNERABLE RESIDENTS OF CROXLEY ACCESS TO FACE TO FACE CAB ADVICE. (*)

B4 Are you matching this request for funding in any way? YES - ALL TRAVEL EXPENSES PAYMENTS WILL BE MET BY THREE RWERS CAB, + THE LAPTOP IS FUNDED BY THE BIG LOTTERY.

B5 How many people are involved in your project? 1 CAB OUTREACH ADVISER.

B6 Are the majority of your regular participants drawn from the Croxley Green area? Yes/No

B7 Who is the project aimed at assisting? - Please tick categories

Babies (0-3 years)	<input type="checkbox"/>	Children (3-7)	<input type="checkbox"/>
Young Persons (7-13)	<input type="checkbox"/>	Teenagers (13-18)	<input type="checkbox"/>
Parents	<input checked="" type="checkbox"/>	Single Mothers/Fathers	<input checked="" type="checkbox"/>
Elderly	<input checked="" type="checkbox"/>	Unemployed	<input checked="" type="checkbox"/>
Neighbourhood Group	<input type="checkbox"/>	Specific ethnic groups	<input type="checkbox"/>

Other (Please give details) _____

B8 Do you or will you receive funding from any other source? - Please specify source and amount

Source	Amount
NOT FOR THIS PROJECT, OTHER THAN FOR TRAVEL + LAPTOP IN B4 ABOVE.	

(*) NB. PROJECT WOULD RUN FROM FEB 2018 - JANUARY 2019 (ONE MONTH'S SUPPASE IN 2017-18 FUNDING DUE TO ADVISER SPRAINING ANKLE).

Grant Application



B9 Will your project work in partnership with any other community, statutory or voluntary organisations? – Please specify

YES - WE WILL BE BASED IN CROXLEY LIBRARY
+ TAKE REFERRALS FROM LOCAL ORGANISATIONS WITH
CROXLEY CLIENTS UNABLE TO ACCESS MAIN RICKY CAB.

B10 What is the total income and expenditure of your organisation?

Income £513,752 Expenditure £474,707 + PENSION LIABILITY OF £94,524

B11 Who controls the bank account and who authorises expenditure? THE

TREASURER + CHAIR. TREASURER, CHAIR OR CEO AUTHORISE EXPENDITURE.

B12 Please attach a copy of your most recent accounts OR projected cash flow if no accounts exist. ✓

B13 Please attach a copy of your constitution ✓

B14 What authority do you have to submit this application? THREE RIVERS CAB'S BOARD.

Please provide a copy of (Minute?) giving you authority to make application.

IMPLICIT PART OF MY JOB DESCRIPTION.

Declaration

I declare that I have checked the information on this form and I believe it to be correct.

Signature

M. Seneschall

Print Name

MARION SENESCHALL

Date

21.9.17

Please return the completed form to:

The Clerk
Croxley Green Parish Council
Council Offices
Community Way
Croxley Green
Rickmansworth
Herts
WD3 3SU