**FALKIRK COMMUNITY CHOICES**

**Expression of Interest Form 2021**

**SECTION 1: Type of Funding and Electoral Ward**

**Which fund would you like to submit a proposal for?**

□ Small Grants

□ Capital Funds

**In which electoral ward will your idea be carried out?**

*\*If you’re unsure about which ward you live in, click* [***here***](https://www.falkirk.gov.uk/maps-local/) *to enter your postcode.*

□ Ward 1 – Bo’ness and Blackness

□ Ward 2 – Grangemouth

□ Ward 3 – Denny and Banknock

□ Ward 4 – Carse, Kinnaird and Tryst

□ Ward 5 – Bonnybridge and Larbert

□ Ward 6 – Falkirk North

□ Ward 7 – Falkirk South

□ Ward 8 – Lower Braes

□ Ward 9 – Upper Braes

**SECTION 2: Your Proposal**

**Please outline your proposal**

|  |
| --- |
|  |

**How many people are likely to benefit from the proposal?**

□ Less than 20

□ 21–50

□ 51–100

□ Whole community

*Please provide additional details of who will benefit (e.g. children and young people, hard to reach, minority or other under-represented groups)*

|  |
| --- |
|  |

**Why is there a need for the proposal?**

*Please explain how this proposal will benefit your local community.*

|  |
| --- |
|  |

|  |
| --- |
|  |

**Who would deliver the proposal?**

|  |
| --- |
|  |

|  |
| --- |
|  |

**How does the proposal demonstrate partnership working?**

*We particularly welcome proposals that bring together different community groups and organisations.*

|  |
| --- |
|  |

**Have you received any other funding for this proposal?**

*Please give details of any other funding awarded to support this proposal. Please also include details of other funding you have applied for but have been unsuccessful with. Please also let us know if this is part of a match-funding application process.*

|  |
| --- |
|  |

In reviewing Expression of Interest forms, the **Community Choices** Advisory Panel will be able to identify sources of advice and support to improve initial proposals. At this stage, do you think you will need such assistance?

□ Yes

□ No

If YES, please tell us more.

|  |
| --- |
|  |

**SECTION 3: CONTACT DETAILS**

|  |  |
| --- | --- |
| Name  and Position (if applicable) |  |
| Is this Expression of Interest form being submitted by a constituted or incorporated group or organisation? *Contact us if you’re unsure about whether your organisation or group can apply for* ***Community Choices.*** | □ Yes  □ No (this will not affect your application) |
| Group or Organisation (if applicable) |  |
| Address (including postcode) |  |
| Telephone number |  |
| Email address |  |

**Additional Support**

We want to ensure that this process is as accessible as possible, and we welcome applications from people with sensory and other support needs.

Do you require any help or support in completing a full application form?

□ Yes

□ No

If YES, please contact us at [community.choices@falkirk.gov.uk](mailto:community.choices@falkirk.gov.uk) to discuss how we can help further with this proposal.

***Thank you for your interest in Community Choices.***