

LOCAL COMMUNITY GROUP STUDY

APPENDIX 6

# **Local Community Group Capacity, Capability and Needs Survey**



Melton  
Borough  
Council

**Here to help local communities**

## **Local Community Group Capacity, Capability and Needs Survey**

### **Further copies available from:**

Hannah Buck  
Project Funding Officer  
Melton Borough Council

Email [hbuck@melton.gov.uk](mailto:hbuck@melton.gov.uk)

Phone 01664 502523

### **Accessibility**

Please contact us to discuss any particular communication needs you may have.

### **Our mission**

‘We want to enhance the quality of life for everyone in the Borough of Melton to achieve a sustainable, prosperous and vibrant community. A place where people want to live, work and visit.’

*Image courtesy of Vlado at FreeDigitalPhotos.net*

## **Local Community Group Capacity, Capability and Needs Survey**

**Have your say and help us to get on the right track...**

**Melton Borough Council is committed to helping local communities and the aim of this survey is to gain an in depth understanding of the community and voluntary sector that work to support and help the community and its people to flourish, in order to create sustainable and resilient communities.**

**Please return by 19<sup>th</sup> December 2014**

### **By email**

Hannah Buck  
Project Funding Officer  
[hbuck@melton.gov.uk](mailto:hbuck@melton.gov.uk)

### **Using the enclosed pre-paid envelope, by post to**

Hannah Buck  
Project Funding Officer  
Local Community Group Capacity, Capability and Needs Survey  
Melton Borough Council  
Parkside  
Station Approach  
Burton Street  
Melton Mowbray  
LE13 1GH

### **Or hand in at**

Parkside as above

**If you need any help filling out the survey or have any questions or queries please call Hannah Buck, Project Funding Officer, Melton Borough Council, on 01664 502523 or email at [hbuck@melton.gov.uk](mailto:hbuck@melton.gov.uk)**

The information provided in this survey will be used by Melton Borough Council to assess the needs and requirements of community groups within the Borough. This in turn will enable us to service community groups' needs and to help them to be successful and allow them to grow. The information provided will not be shared with a third party.

**Name of your group/club/organisation etc. (Please print)**

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**1. What type of group is it? (Please specify e.g. social, charitable trust etc.)**

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**2. Is your group a registered charity?**

Yes

No

**3. Does your group have? (Please select all that apply)**

A website

A twitter account

A facebook page

**4. Does your group have a facility to meet?**

Yes

No

**5. If so where does your group meet? (Please specify)**

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**6. How many members does your group have? (Please select one option)**

Less than 5

5 to 10

11 to 20

21 to 30

31 to 40

41 to 50

51 to 60

61 to 70

71 to 80

81 to 90

91 to 100

More than 100

**7. Are your group members:** (Please select all that apply)

- Volunteers
  - Trustees
  - Members of the public
  - Representatives from organisations, charities etc.
  - Other (please specify)
- 

**8. How long has your group been running?** (Please select one option)

- |  |  |
|--|--|
| <input type="checkbox"/> A few months      | <input type="checkbox"/> Between 5 and 10 years  |
| <input type="checkbox"/> Six months        | <input type="checkbox"/> Between 11 and 20 years |
| <input type="checkbox"/> A year            | <input type="checkbox"/> More than 20 years      |
| <input type="checkbox"/> Less than 5 years | <input type="checkbox"/> Other (Please specify)  |
- 

**9. What is your group's purpose?** (Please specify e.g. to provide help and support, to run various activities in the community etc.)

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**10. Is your group part of a larger, county, regional and or national organisation?**

- Yes
- No

**11. Does your group have a constitution?**

- Yes
- No

**12a. Does your group have a committee?**

- Yes
- No

**12b. If answered Yes above, does the committee have a:** (Please select all that apply)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> CEO          | <input type="checkbox"/> Manager             |
| <input type="checkbox"/> Chair        | <input type="checkbox"/> President/Principle |
| <input type="checkbox"/> Co-ordinator | <input type="checkbox"/> Treasurer           |
| <input type="checkbox"/> Director     | <input type="checkbox"/> Secretary           |
| <input type="checkbox"/> Facilitator  | <input type="checkbox"/> Trustees            |
| <input type="checkbox"/> Fundraiser   | <input type="checkbox"/> Deputies            |

**12c. How often does the committee meet to discuss and or review your group?** (Please select one option)

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Daily   | <input type="checkbox"/> Quarterly              |
| <input type="checkbox"/> Weekly  | <input type="checkbox"/> Yearly                 |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Other (Please specify) |

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**13. How is your group currently funded?** (please specify, e.g. fundraising events, successful funding bids, membership fees, donations etc.)

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**14a. Has the group ever applied for any form of funding?** (Please select one option)

- Yes
- No

**14b. If answered Yes in question 14a, please specify the funding opportunity(ies) (e.g. Big Lottery Fund, Shire Grant etc.)**

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**14c. Was/were the application(s) successful?**

- Yes
- No

**14d. If the application was not successful, why do think this was?**

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**15a. Would the group apply for funding in the future?**

- Yes
- No

**15b. If answered No in question 15a, please specify the reasons for this: (Please select all that apply)**

- The group is only small and does not require funding
- The group is self-funded
- The group has no need for funding as it does not deliver projects/activities that require such funds
- Not sure about the processes involved
- Other (Please specify)

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**15c. If you are unsure about the processes involved, what would help you to apply for funding?** (Please specify e.g. advice on where to look for funding opportunities, help writing applications etc.)

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**16. Does the group have an agenda/action plan for the future to continue in its work or to fulfil its purpose?**

- Yes
- No

**17. Where do you feel the group most needs support and or advice?** (Please select all that apply)

- Administration
- Fundraising & Events
- Organisation
- Marketing & Promotion
- Funding Opportunities
- Volunteers & Staff
- Training (e.g. social media)
- Other

**18. Does the group have an understanding of the sort of help, support and advice that is available to groups, with regards to funding platforms, various training schemes and resources?**

- Yes
- Not sure
- No

**19a. Would your group be happy to share knowledge, expertise and to offer help, advice and support with other groups?**

- Yes
- No



**19b. If No, why not:** (Please specify)

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**Sustainability**

Sustainability and resilience is becoming increasingly important in the wider community and Melton Borough Council is working to promote sustainability and resilience across all sectors of the Borough. In the face of austerity, being resilient is vital, as it helps community groups etc. to deal with and adapt to any barriers they may encounter, so that they can flourish and grow for the future.

**20. Do you think your group is sustainable?**

- Yes in the
- |                          |             |                          |          |
|--------------------------|-------------|--------------------------|----------|
| <input type="checkbox"/> | Short Term  | <input type="checkbox"/> | Not sure |
| <input type="checkbox"/> | Medium term | <input type="checkbox"/> | No       |
| <input type="checkbox"/> | Long term   |                          |          |

**21. What barriers does your group encounter?** (Please specify)

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**22. Would your group like to receive and benefit from help, support and advice with regards to promoting the group’s sustainability and resilience?**

- |                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

**23. If answered Yes above, please provide a contact, address, email and or phone number**

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**Thank you very much for completing this survey**  
**Please return by 19<sup>th</sup> December 2014**