



## Grant Application Form – Part A

### Section 1.0 – All about you

1.1 Name of your organisation \_\_\_\_\_

1.2 Organisation Address details

Address Ln1			
Address Ln2			
Address Ln3			
Post Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (these are the details that will be used for correspondence purposes)		Second Contact Person	
Title		Title	
Forename		Forename	
Surname		Surname	
Role		Role	
Daytime Tel No.		Daytime Tel No.	
Evening Tel No.		Evening Tel No.	
Fax No.		Fax No.	
Mobile No.		Mobile No.	
Email		Email	
Address Details (if different from Org address)		Address Details (if different from Org address)	
Ln1		Ln1	
Ln2		Ln2	
Ln3		Ln3	

Town		Town	
Post Code		Post Code	

1.3 When did your organisation start? \_\_\_\_\_

1.4 What type of organisation are you? (Tick as appropriate)

- A registered charity, if yes, please give your number \_\_\_\_\_
- A limited company. If yes please give your number \_\_\_\_\_
- Unincorporated club or association
- Community Interest Company
- Part of a larger regional or national organisation.
- Other: Please specify: \_\_\_\_\_

1.5 Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers) :

Full time Staff / Workers		Members	
Part Time Staff / Workers		Volunteers and Helpers (all ages)	
Management committee		Volunteers and Helpers (under 25 years)	

1.6 Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides

1.7 Average income per year over last 3 years (or since the organisation started).

£ \_\_\_\_\_ per annum

1.8 Have you previously received grant funding from us or any other funder? Yes / No

1.9 Are you seeking other funding for this project Yes / No

1.10 Are you applying to more than one Local Funder for a Grassroots Grant? Yes / No



2.8 Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face. (e.g. low income, lack of facilities, lack of opportunity)

2.9 Please outline the benefits or outcomes that you expect to achieve as a result of the funding.

2.10 Please explain how you will collate, measure and report the benefits you describe in Question 2.9

2.11 How do you see this project/activity progressing after this funding comes to an end or do you see this as a one off project/activity?

### Section 3.0 - Who will benefit

**3.1 Approximately how many beneficiaries will there be** \_\_\_\_\_

**3.2 Primary beneficiaries**

Enter into the box below a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

<input type="checkbox"/>	Early Years (0–4)	<input type="checkbox"/>	People with general health issues	<input type="checkbox"/>	Families
<input type="checkbox"/>	Children (5 – 12 )	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>	Carers
<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	Local residents
<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People in Rural Areas
<input type="checkbox"/>	Adults (26 – 65)	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>	People in Urban Areas
<input type="checkbox"/>	Seniors (+ 65)	<input type="checkbox"/>	Alcohol / Drug Addiction	<input type="checkbox"/>	Refugees / Asylum Seekers
<input type="checkbox"/>	NEET *	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>	Migrant workers
<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	Ex Offenders and Prisoners	<input type="checkbox"/>	Men
<input type="checkbox"/>	Disadvantaged / Low Income	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	Women
<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	BME groups **	<input type="checkbox"/>	
<input type="checkbox"/> Others (please state)					

\* Not in Education, Employment or Training

\*\* Black and Minority Ethnic

**3.3 Primary ethnic group**

Enter into the box below a single option from the list below. This should represent the primary ethnicity group that will be addressed by this grant

Other ethnic groups who will benefit (please tick all that apply)

White		Mixed		Asian and Asian British		Black or Black British		Chinese or other group	
<input type="checkbox"/>	British	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any Other
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black		
<input type="checkbox"/>	Gypsies & Travellers	<input type="checkbox"/>	Other Dual Ethnicity	<input type="checkbox"/>	Other Asian				
<input type="checkbox"/>	Other White								

**3.4 Primary issues**

Enter into the box below a single option from the list below. This should represent the primary issue that will be addressed by this grant

Other issues addressed, (please tick all that apply)

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>	Social Inclusion
<input type="checkbox"/>	Community Support and Development.	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Social Services and activities
<input type="checkbox"/>	Counselling/Advice/Mentoring	<input type="checkbox"/>	IT / Technology	<input type="checkbox"/>	Sport and Recreation
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Poverty and disadvantage	<input type="checkbox"/>	Supporting family life
<input type="checkbox"/>	Disability and Access issues	<input type="checkbox"/>	Racial and Cultural Integration	<input type="checkbox"/>	Transport Issues
<input type="checkbox"/>	Education and Training	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Employment and Labour	<input type="checkbox"/>	Rural issues	<input type="checkbox"/>	
<input type="checkbox"/>	Environment/Recycling/Renewable energies	<input type="checkbox"/>	Social Enterprises	<input type="checkbox"/>	
<input type="checkbox"/>	Others (please state)				

**3.5 Primary Age group**

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

Other age groups affected, (please tick all that apply)

	Early Years (0-4)		Young People (13 – 18)		Adults (26 – 65)
	Children (5 – 12)		Young Adults (19 – 25)		Seniors (65+)

#### **Section 4 - Project Budget**

4.1 What is the total project cost £ \_\_\_\_\_

4.2 How much has been raised so far £ \_\_\_\_\_

4.3 How much money are you applying for: £ \_\_\_\_\_

4.4 Spend profile,  
If your project spans more than one financial year, please indicate in which years you anticipate spending the funding

	Year (1) April 2008 – March 2009	Year (2) April 2009 – March 2010	Year (3) April 2010 – March 2011
Amount			

4.5 Budget breakdown summary (incl VAT)

Please provide a breakdown of costs under the following headings :

Type of Cost	Total Project Cost	Requested Amount	Details
<b>Staff costs</b> e.g. salaries			
<b>Volunteer Costs</b> e.g. travel, lunch expenses training			
<b>Operational/Activity costs</b> e.g. equipment or venue hire, food/refreshments, childcare			
<b>Office, overhead, premise costs</b> e.g. rent, postage, telephone/fax, heating / lighting			
<b>Capital cost</b> e.g. computer equipment, photocopier			
<b>Publicity cost</b> e.g. designing and printing publicity material			
<b>Other costs</b>			
<b>Total</b>			

## **Grant Application Form – Part B**

### **Section 5 – Bank details**

Do you have a bank account in the organisation's name Y/N

If so please enter the details below

Account Name: \_\_\_\_\_

Bank / Building Society \_\_\_\_\_

Bank / Building Society Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sort Code

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Account Number

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### **Section 6 – Accompanying Documentation Checklist**

- A bank statement from the last 3 months
- Child Protection Policy (if applicable)
- Annual Report (if applicable)
- Proof of income and expenditure for the last 3 years (See note xxxx)
- Your organisation's set of rules / terms of reference / constitution
- Signed and completed application form
- Names and address of all management committee members, with cheque signatories identified.

### **Section 7 – Declarations and Referees**

#### **Declaration**

It is essential that you understand and agree to sign up to the following statements. Please note that if you leave the organisation or can no longer fulfil your responsibilities, or someone else take over responsibility for the grant on behalf of the organisation, you must inform us immediately.

Our signatures confirm our acceptance of the conditions below.

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- If successful we will not use the grant for any other purposes, other than those specified, without first receiving authorisation from the Community Foundation.
- We agree to participate in monitoring, auditing and evaluation relating to this fund as detailed in the guidance.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with an End of Grant Report to the Community Foundation at the end of the project.
- We will account for the grant separately in our organisation's annual accounts. We will send a signed copy of these to the Community Foundation once they are ready.

### **Organisation Chair or Secretary**

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Committee member**

Name (please print) \_\_\_\_\_  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Independent Referee**

You must provide us with details of an independent referee.

Your referee must be a person with a professional or public position whose status we can check. They must be completely independent of your organisation but know its work well and know about the project for which you are requesting funds. Please do not give the details of a relative, friend, partner another member of the group, or anyone who would benefit from a grant being awarded to your project.

All information provided will be kept in accordance with our data protection policies.

Title: \_\_\_\_\_ Full  
name: \_\_\_\_\_

Profession / Job title:  
\_\_\_\_\_

Organisation name / Employer:  
\_\_\_\_\_

Business address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode:  
\_\_\_\_\_

Daytime Telephone No.  
\_\_\_\_\_

Mobile Telephone No.  
\_\_\_\_\_

Email address:  
\_\_\_\_\_

How long have you known the organisation?      Years \_\_\_\_\_ Months \_\_\_\_\_

Please describe the nature of your relationship with the applicant.

I know this organisation and I have read and support this request for funding. I am willing to be contacted to discuss this application and also comment on any grant awarded.

Signed:

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Date:

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