

Grant Application Form

***Please read the enclosed guidelines to help you in completing this application form**

1. Name of your organisation

2. Name of fund applied to

We will consider which fund your proposal best fits and may transfer the application to another programme to maximise its chances of funding where possible.

Please tick this box if you do **NOT** want us to do this:

3. Where do the people who will benefit from your project live?

* Please be as specific as possible

Borough:

Wards:

Postcodes or streets:

4. Name of main contact

Mr/Mrs/Miss/Other:

5. Contact Address

6. Telephone

7. Email address

 @

8. What date did your group start?

(Date your rules/constitution etc. was signed as adopted)

 / /

Charity Number (if your group is a registered charity)

How many members are on your management committee?

How many staff do you employ? Part time

Full time

How many volunteers are there, excluding those on your committee?

HELP NOTES:

See Grant Guidelines

Information about these areas is very important in helping us to fund projects

Person willing to discuss the application in detail

Please include your full postcode

9. Please give a brief description of your group/organisation's **current** activities

About your proposal:

10. Project starts Project ends

11. Please estimate how many people the project will **directly** benefit

12. Describe your project, explaining briefly:

i) What will you do with the grant? (E.g. what will grant-funded items be used for or what activities will you run etc.?)

ii) Who will be involved with running (or supervising) any funded activities and are they suitably qualified to do this?

iii) Where will any activities take place or items be kept?

iv) Who are the people that will directly benefit from your project and what is the age range?

v) What target group(s) is the project aimed at if any? (E.g. disability, BRM groups, children & young people, refugees, asylum seekers, lone parents etc.)

HELP NOTES:

***Please read the Grant Guidelines considering which fund may fit your proposal best**

(Projects that best meet the **objectives** from the guidelines are those that are most likely to be funded)

Please summarise your project on this page. We will contact you for more information at a later date

19. How will you monitor the project and evaluate its success?

HELP NOTES:

E.g. follow up work, recording numbers of users, qualifications, courses held etc.

20. If you intend to carry on this project after grant funds have been spent, how will you do this? If the grant is to fund capital purchases please explain how you will raise funds to support any long-term use

E.g. have you a plan to seek further grant funds or to make this project self-sustaining?

21. Please provide your group's bank account details and the names of 2 signatories who can sign the cheques:

*If your group is under 1 year old and you do not yet have a bank account, you may ask another non-profit making community or voluntary group to hold the grant for you. Please ask them to complete this box instead of your group

Name account is registered in (e.g. tiny tots):	
Name of bank or building society:	
Account No:	Bank Sort Code:
Names of Signatories: (block capitals)	
1.	2.
Name of alternative group willing to hold grant:	
Name of alternative contact:	
Telephone number of this alternative contact:	

Signature of main contact:
(From page 1)

Date: / /

Position in organisation

Signature of second contact:
(Other senior member)

Date: / /

Position in organisation