

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 <small>(these are the details that will be used for correspondence purposes)</small>		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? Month Year

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 Are you part of a larger regional or national organisation

- Yes No

1.6 Staffing and volunteers

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

Full time Staff / Workers	<input type="text"/>	Members	<input type="text"/>
Part Time Staff / Workers	<input type="text"/>	Volunteers and Helpers (all ages)	<input type="text"/>
Management committee	<input type="text"/>	Volunteers and Helpers (under 25 years)	<input type="text"/>

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

Section 2.0 - Tell us about your grant application

2.1 Project Name _____

2.2 What is your average income per year over last 3 years (or since the organisation started).
£ _____ per annum

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

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

2.5 Are you applying to more than one Local Funder for a grant? Yes / No
If yes, please provide details.

2.6 Is this project for (please click one): New work To continue existing work

2.7 Does your project have Start or Finish dates, if not when should your funding commence and finish

Project / Funding start date __/ __ / __

Project / Funding finish date __/ __ / __

2.8 In which Local Authority will the activity take place in? _____


2.9. In which area (estate, village, town, borough) do most of the people who will benefit reside?

2.10 What would you like to do with your grant? Please describe your project/activity and tell us if this is for a new project or to continue with an existing project

2.11 Explain how you know that people in your community want this project/activity and what evidence have you collected to demonstrate this

2.12 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)

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



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



2.15 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"/>	Children & Young People	<input type="checkbox"/>	People with general health issues	<input type="checkbox"/>	Families
<input type="checkbox"/>	Adults	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>	Carers
<input type="checkbox"/>	Older People	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	Local residents
<input type="checkbox"/>	NEET *	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People in Rural Areas
<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>	People in Urban Areas
<input type="checkbox"/>	Disadvantaged / Low Income	<input type="checkbox"/>	Alcohol / Drug Addiction	<input type="checkbox"/>	Migrant workers
<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	BME groups **	<input type="checkbox"/>	Men
<input type="checkbox"/>	Homeless people	<input type="checkbox"/>	Ex Offenders and Prisoners	<input type="checkbox"/>	Women
<input type="checkbox"/>	Refugees / Asylum Seekers	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender 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)

<input type="checkbox"/>	Early Years (0-4)	<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	Adults (26 – 65)
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	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	Year -2 (if applicable)	Year -3 (if applicable)
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
Staff costs e.g. salaries			
Volunteer Costs e.g. travel, lunch expenses training			
Operational/Activity costs e.g. equipment or venue hire, food/refreshments, childcare			
Office, overhead, premise costs e.g. rent, postage, telephone/fax, heating / lighting			
Capital cost e.g. computer equipment, photocopier			
Publicity cost e.g. designing and printing publicity material			
Other costs			
Total			

PART B

Bank Details

If you are successful we will make payment by BACS or by cheque. Please enter the details of your bank/building society below.

If you do not have a bank account of your own, please contact Somerset Community Foundation to discuss before proceeding. If we are willing to accept an application from you, you will need to find an organisation to accept cheques on your behalf. Please provide their details below. We will also need a signed letter, from them, confirming they are willing to accept the grant on your behalf.

Name of Bank/Building Society:

Account name:

Sort code:

Account number:

If we pay by cheque who should the cheque be made payable to?

Referee

Please provide us with the contact details of a referee. This should be someone who knows and has seen your work in a professional role but is independent of your group. The referee must not be a member of your Committee, someone who uses your services or a member of your family. We may need to contact your referee for additional information during office hours, so please make sure that they will be available during our assessment period.

Name

Address

Email

Telephone Number

Accompanying Documentation Checklist

Please make sure you enclose the following with your application. **Incomplete applications will not be considered.**

- Signed and completed version of the electronic application form
- Your most recent set of annual accounts, and annual income and expenditure for the past three years
- A bank statement from the last 3 months
- Signed copy of your organisation's set of rules / terms of reference / constitution
- Names and addresses of management committee members, with cheque signatories identified.
- If you are part of a larger regional or national organisation, evidence that you operate independently

Please also tick if you have the following policies but **DO NOT** enclose them. We may ask you to send us a copy if awarded a grant.

- Child Protection Policy Vulnerable Adults Policy Equal Opportunities Policy

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 takes over responsibility for the grant on behalf of the organisation, you must inform us immediately.

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.

We give permission for the Somerset Community Foundation to record the information in this form electronically and to contact our organisation by phone, mail or email with regards to this application.

This form should be signed by at least one person from your Board/Managing Committee. We suggest you keep a copy for your own records

Name (please print) _____

Role _____

Signature _____

Date: _____

From time to time Somerset Community Foundation may contact you with information about the Foundations activities or pass your details on to other potential funders that might be interested in your project / activity. If you do not wish to be contacted for these purposes please tick this box

Please sign and return to:

**Jocelyn Blacker, Somerset Community Foundation, The Royal Bath & West Showground,
Shepton Mallet, Somerset BA4 6QN.**