



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 company limited by guarantees. If yes please give your number _____
- Unincorporated club or association
- Community Interest Company
- 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		Part-time Staff/Workers	
Trustees		Management Committee	
Members (excluding management committee)		Volunteers (excluding management committee)	

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 income in the last accounting year?

£ _____

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 Please give details of any other funding you have obtained or are seeking

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

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



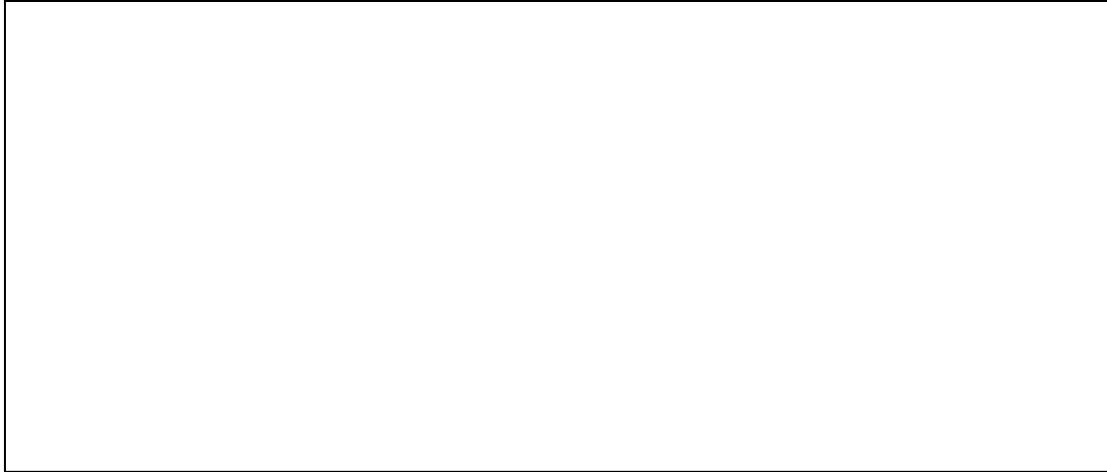
2.12 Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face. (e.g. low income, lack of facilities, lack of opportunity)



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 evaluate these outcomes?



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"/> Black, Asian and minority ethnic	<input type="checkbox"/> Carers	<input type="checkbox"/> Children and young people
<input type="checkbox"/> Ex-offenders/At risk of offending	<input type="checkbox"/> Families/Parents/Lone Parents	<input type="checkbox"/> Homeless people
<input type="checkbox"/> Lesbian, gay, bisexual and transgender groups	<input type="checkbox"/> Local residents	<input type="checkbox"/> Long-term unemployed
<input type="checkbox"/> Men	<input type="checkbox"/> Not in education, employment and training (NEET)	<input type="checkbox"/> Older people
<input type="checkbox"/> People in care or suffering serious illness	<input type="checkbox"/> People living in poverty	<input type="checkbox"/> People with alcohol/drug addictions
<input type="checkbox"/> People with learning difficulties	<input type="checkbox"/> People with low skill levels	<input type="checkbox"/> People with multiple disabilities
<input type="checkbox"/> People with physical difficulties	<input type="checkbox"/> Refugees/asylum seekers/immigrants	<input type="checkbox"/> Victims of crime/violence/abuse
<input type="checkbox"/> Women		

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)

<input type="checkbox"/> African	<input type="checkbox"/> All ethnicities	<input type="checkbox"/> Asian and Asian British	<input type="checkbox"/> Asian and white
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black African and White	<input type="checkbox"/> Black Caribbean and White	<input type="checkbox"/> Black and Black British
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese or other group	<input type="checkbox"/> Indian
<input type="checkbox"/> Mixed	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other Mixed Ethnicity
<input type="checkbox"/> Other White	<input type="checkbox"/> Pakistani	<input type="checkbox"/> White British	<input type="checkbox"/> White Eastern European
<input type="checkbox"/> White Gypsies and travellers	<input type="checkbox"/> White Irish	<input type="checkbox"/> Other	

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"/>	Anti-social behaviour	<input type="checkbox"/>	Arts, culture and heritage	<input type="checkbox"/>	Bullying
<input type="checkbox"/>	Caring responsibilities	<input type="checkbox"/>	Counselling/Advice/ Mentoring	<input type="checkbox"/>	Crime and Safety
<input type="checkbox"/>	Disability and access issues	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>	Economy
<input type="checkbox"/>	Education, learning and training	<input type="checkbox"/>	Emergency/Rescue service	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Environment and improving surroundings	<input type="checkbox"/>	Financial illiteracy	<input type="checkbox"/>	Gangs
<input type="checkbox"/>	Harmful practice	<input type="checkbox"/>	Health, wellbeing and serious illness	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Housing	<input type="checkbox"/>	IT/Technology	<input type="checkbox"/>	Language, culture and racial integration
<input type="checkbox"/>	Offending/at risk of offending	<input type="checkbox"/>	Poverty and disadvantage	<input type="checkbox"/>	Refugees/Asylum/ Immigration
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Renewable energies and recycling	<input type="checkbox"/>	Rural issues
<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>	Social inclusion	<input type="checkbox"/>	Sport and recreation
<input type="checkbox"/>	Stigma/Discrimination	<input type="checkbox"/>	Stronger communities/community support and development	<input type="checkbox"/>	Substance abuse and addiction
<input type="checkbox"/>	Supporting family life	<input type="checkbox"/>	Violence and Exploitation	<input type="checkbox"/>	

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	Breakdown
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:

Referee (for new applicants only)

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.***

- A copy of your governing document (eg. Constitution, memorandum and articles or set of rules)
- A copy of your most recent annual accounts or a spending plan and a recent bank statement if you are a new group
- A photocopy of a bank statement no more than 3 months old
- Copies of your safeguarding (if you will be working with children or vulnerable adults) and equal opportunities policies
- Names and addresses of management committee members, with cheque signatories identified

If for any reason you are not able to provide one of the required documents, please contact us. Our preference is to receive electronic copies of the document and they can be sent to

info@somersetcf.org.uk

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:

**Kirsty Campbell
Programmes Manager**

**Somerset Community Foundation
The Royal Bath & West Showground
Shepton Mallet
Somerset
BA4 6QN
kirsty.campbell@somersetcf.org.uk
01749 344949**