

Universal 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 If you have any communication need's, what are they? (please tick as appropriate)

Textphone Sign Language Other Language

Other _____

1.4 When did your organisation start? _____

1.5 What type of organisation are you?

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

1.6 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)	

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

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

£ _____ per annum

1.9 Have you ever received grant funding before from us or any other funder? Yes / No

1.10 Are you applying to other grant funds from any other funder? Yes / No

If yes, please provide details:

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

If yes, please provide details.

- 2.8 Please briefly 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 briefly outline the benefits or outcomes that you expect to achieve as a result of the funding.
- 2.10 Please briefly 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

Choose from the list below the type of group who would be the primary beneficiaries of this grant. Enter in the box below (one only)

3.3 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

3.4 Primary ethnic group

Choose from the list below the ethnic grouping who would be the primary beneficiaries of this grant. Enter in the box below (one only)

3.5 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 African	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	Any Other
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
<input type="checkbox"/>	Gypsies & Travellers	<input type="checkbox"/>	Other Dual Ethnicity	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Any other	<input type="checkbox"/>	
<input type="checkbox"/>	Other White	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

3.6 Primary issues

Choose from the list below the primary issue that will be addressed by this grant
Enter in the box below (one only)

3.7 Other issues addressed

<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)				

Section 4 - Project Budget

4.1 How much money are you applying for: £ _____

4.2 Spend profile

Please Note: The years indicated below are financial years, and grants awarded for a specific year must be spent before the end of that financial year. If your project spans more than one financial year, please indicate in which years you anticipate spending the funding:

	Year 1 (09-10)	Year 2 (10-10)
Amount		

4.3 What is the total cost of the project amount? £ _____

4.4 How much has been raised so far? £ _____

4.5 Budget breakdown summary (incl. VAT)

Please provide a breakdown of costs for the whole project under the following headings:

Type of Cost	£ Amount	Cost Breakdown
Staff costs e.g. salaries, training		
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 & printing publicity material		
Other costs		
Total		

Grant Application Form – Part B

Section 5 – Bank details

Do you have a bank account in the organisation's name Yes / No

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

- Child Protection Policy or Vulnerable Adults Policy (if applicable)
- Proof of income and expenditure for the last 3 years (See note 1.8 above)
- Your organisation's set of Rules / Terms of Reference / Constitution
- Signed and completed Declaration (Section 7)
- Names and addresses of all management committee members, with cheque signatories identified, including name and address of your Treasurer
- Signed and completed Referees Form (Section 8)
- Quotations for all works to be carried out/purchases to be bought

Devon Community Foundation
The Factory
Leat Street
Tiverton
EX16 5LL

Section 7 - Declaration

It is essential that you understand and agree to sign up to the following statements. 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.

Name of Organisation: _____

Brief sentence describing your project: _____

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. If any factors change we will inform the Foundation and understand that all or part of the grant may have to be repaid.
- 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 will not use the grant for goods or services already ordered or purchased.
- We understand that the grant may not include everything requested in the application.
- We will not dispose of any capital items purchased with the grant without the permission of the 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: _____

Section 8 - 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 Number: _____

Mobile Telephone Number: _____

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: _____

Date: _____