



GRANT APPLICATION FORM

Grassroots Grants Programme - Lancashire

Before applying please ensure that your group satisfies the eligibility criteria as stated at the beginning of the fund guidance

Section 1: About your group

1. Your Organisation Name (this must be the same name as the one on your governing documents)

2. When did your organisation start?

3. Please give details of your group's full address and contact details

Address: _____

Town: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

4. Please provide details of the main contact for your group

Title: _____

Forenames: _____

Surname: _____

Role in organisation: _____

Address: _____

Postcode: _____

5. Are you a registered charity?

YES / NO

(a) Please provide your charity number

6. Is your group any of the following:-

A limited company An unincorporated club/association

Part of a larger regional/national organisation

Other, please specify

7. How many of the following do you currently have?

Full time staff/workers

Volunteers

Part time staff/workers

Members

Management committee

8. What is your average annual income over the last 3 years or since the group began if you are less than 3 years old:

£

(a) Do you have a bank account in your group's name?

YES / NO

(a) How many signatories are needed for the account?

9. Why was your organisation set up? (please tick all that apply)

<input type="checkbox"/>	To advocate for change within a specific field of work	<input type="checkbox"/>	To offer support to people in a specific group/community
<input type="checkbox"/>	To fill a gap in service provision	<input type="checkbox"/>	To meet a need in the local community
<input type="checkbox"/>	To campaign for service provision	<input type="checkbox"/>	To bring people from different races and faiths together
<input type="checkbox"/>	To help people influence local decision making	<input type="checkbox"/>	To help the community gain control over the conditions in which they live
<input type="checkbox"/>	To advocate for change within the local area	<input type="checkbox"/>	Other (Specify below)

10. What previous funding have you received in the last 12 months (including any Grassroots grants funding if relevant)

11. Are you applying to any other local funder for a Grassroots Grant?

YES / NO

12. What are the main activities of your group?

13. Is your organisation working in a rural or urban area? (please only tick one option)

- Urban
- Rural Small Town
- Rural Village or isolated hamlets
- Mixed Urban and Rural

14. From how large a geographical area are your organisation's users drawn from (please tick only one option)

- Within a 1 mile radius
- Within a 5 mile radius
- Within a 10 mile radius
- Within a 20 mile radius
- Over a 20 mile radius

Section 2: About your project

15. Project start date

End date

16. Which borough will the activity benefit?

17. Which of the following will funding provide:-

A new/additional project

Expansion of an existing project

Continuation of an existing project

18. Please outline your project/activity

19. How have you identified the need for this project?

20. Please give details of the disadvantages faced by your target beneficiaries

21. How will you monitor your project in order to highlight the benefits you have brought to the target beneficiaries?

22. How will you ensure the sustainability of your project or is this intended as a one off activity?

Section 3: Who will benefit from your project

23. How many people will benefit from your project?

Directly

Indirectly

24. Please indicate who the beneficiaries of your project will be

- | | | |
|--|---|--|
| <input type="checkbox"/> Children (0-12) | <input type="checkbox"/> Young people (13-25) | <input type="checkbox"/> Adults (26-50) |
| <input type="checkbox"/> Over 50's | <input type="checkbox"/> Homeless | <input type="checkbox"/> Alcohol/drug addiction |
| <input type="checkbox"/> Disabled people | <input type="checkbox"/> Low income | <input type="checkbox"/> Refugees/Asylum seekers |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Health issues | <input type="checkbox"/> Lesbian/gay/bisexual |
| <input type="checkbox"/> Families | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> NEET | <input type="checkbox"/> Rural areas | <input type="checkbox"/> Urban areas |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Residents | <input type="checkbox"/> Lone/teenage parents |
| <input type="checkbox"/> Ex offenders | <input type="checkbox"/> Travelling communities | <input type="checkbox"/> Others |

(a) Who will be the primary beneficiaries?

25. Please indicate the ethnic origin of your project beneficiaries

White

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Travellers | <input type="checkbox"/> Other White | |

Mixed

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Black Caribbean/white | <input type="checkbox"/> Black African/white | <input type="checkbox"/> Asian/white |
| <input type="checkbox"/> Other | | |

Asian

- | | | |
|---------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other | | |

Black

- | | | |
|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African | <input type="checkbox"/> Other |
|------------------------------------|----------------------------------|--------------------------------|

Chinese or Other

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
|----------------------------------|--------------------------------|

(a) Which is the primary ethnic group?

26. What is the theme of your proposed project?

- | | | |
|---|--|---|
| <input type="checkbox"/> Crime | <input type="checkbox"/> Housing | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Arts/culture | <input type="checkbox"/> Education/training | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Health/wellbeing | <input type="checkbox"/> Community support | <input type="checkbox"/> Social services/activity |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family support | <input type="checkbox"/> Rural issues |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Racial/cultural integration | <input type="checkbox"/> Other |

(a) Which is the primary theme?

Section 4: Project costs

27. How much are you applying for in total?

£

(a) How much are you applying for in YR1?

£

(to 31/03/2009)

(b) How much are you applying for in YR 2?

£

(1/04/09-31/03/10)

(c) How much are you applying for in YR 3?

£

(1/04/10-31/03/11)

28. What is the total cost of your project?

£

(a) Please indicate below how you will meet any shortfall

Source of funding	Amount £	Secured?

29. Please provide a full breakdown of your project costs

Year 1

Item	Amount £	Description/Breakdown of cost
<i>e.g. Room hire</i>	<i>£500</i>	<i>ABC community centre, 20 sessions X 2hrs at £20 ph</i>

Year 2

Item	Amount £	Description/Breakdown of cost

Year 3

Item	Amount £	Description/Breakdown of cost

30. How did you hear about the Grass Roots Grants programme? (please tick all that apply)

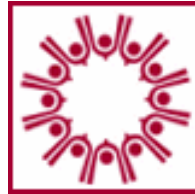
<input type="checkbox"/>	Local funder website	<input type="checkbox"/>	Other website
<input type="checkbox"/>	Community Development Foundation website	<input type="checkbox"/>	Voluntary and community sector networks
<input type="checkbox"/>	Local funder briefing event	<input type="checkbox"/>	Other event
<input type="checkbox"/>	Leaflet/Brochure/Newsletter	<input type="checkbox"/>	Local press
<input type="checkbox"/>	Outreach worker	<input type="checkbox"/>	Third Sector press
<input type="checkbox"/>	National press	<input type="checkbox"/>	Word of mouth
<input type="checkbox"/>	Other (Specify below)	<input type="checkbox"/>	

Signed:

Date:

Thank you for completing this form.

Now return it, along with your signed terms and conditions and any supporting documentation needed (details given in the fund guidance) to the Community Foundation via the address given on the fund guidance.



CONDITIONS TO GRANT OFFER

In order for the Community Foundation to be able to offer successful applicants a grant as quickly as possible please ensure this form is signed and **returned with the completed grant application** and accompanying documents. You must complete the sections marked with an *

* (name of group).....
wishes to accept the offer of a grant from the Community Foundation for Lancashire.

In doing so we agree to:

- Spend the grant within the timeframe specified in the grant offer letter we will receive if successful
- Use the grant only for the purpose(s) described in the application form and offer letter we will receive where details are specified, unless otherwise agreed in advance, in writing, by the Foundation
- Ensure that proper insurance of any equipment remains in place at all times
- Contact the Foundation where there is any under-spend or other issue arising in relation to expenditure in accordance with the offer
- We understand that the Foundation may claim back all or part of the grant to cover equipment that is lost and I am unable to replace
- Pursue publicity, where possible, with the local press to promote our project and the support received from Community Foundation for Lancashire. If you require any help or advice regarding press releases, please contact the Marketing and Communications team on 0844 561 9649 or email marketing@lancsfoundation.co.uk
- Mention the name of the Fund, Grassroots Grants and the Community Foundation for Lancashire in all press releases issued relating to any aspect of our project supported by this grant
- Ensure the use of both the Grassroots Grants and Foundation's logo on any publication produced relating to or supported by this grant. The publication must be approved by the Foundation to ensure the logo is presented according to Community Foundations style guidelines available on www.lancsfoundation.org.uk.
- Support the Foundation's strategic aims and to work with the Foundation on any joint publicity opportunities in relation to this grant. Such publicity opportunities will be chosen at the Foundation's discretion
- Accept responsibility for ensuring parental consent is provided for the photography of minors to promote any project. The provision of such photographic material to the Foundation for any promotion or monitoring purposes will assume prior consent has been given

- Keep receipts and other evidence of expenditure for ALL purchases and services and make them available to the Foundation on request. They should be kept for six years
 - Maintain a register of any assets exceeding £1,000 in value that are bought with the grant and to request the permission of the Foundation prior to disposal of any such item
 - Complete and return the monitoring form that will be sent to me as the group's representative, within one month of fully spending the grant
 - Maintain records to enable full completion of the monitoring form, including the following:
 - Details of what the grant has been spent on
 - Collations of receipts for purchase of all items or services
 - Details about the number of users/beneficiaries of the grant
 - Details about what difference the grant has made to both the group and the community it serves
 - Details of best practice examples
 - Photographic, written, audio or other evidence in relation to the grant's impact and funded activities
-
- Provide verbal or written reports on progress as requested by the Foundation
 - A copy of the group's annual accounts should be submitted at year end, reflecting the grant as a restricted fund and showing it fully spent
 - Ensure compliance with any other specifications in the offer letter
 - Undertake any relevant training in order to ensure the sustainability of the project
 - Provide evidence at the request of the Foundation in order to ensure the protection of any children or vulnerable adults involved in the project

Declaration: I/we understand that Community Foundation for Lancashire reserves the right to recall all or part of the grant if the group fails to meet one or more of these conditions and that significant breaches may result in criminal proceedings.

Main contact:

- * Signature: _____
- * Full name: _____
- * Position in group: _____
- * Date: _____

Witnessed by (2nd group contact)

- * Signature: _____
- * Full name: _____
- * Position in group: _____
- * Date: _____