



For Office Use Only	
Ref:	CMR-11/
Com:	
T/P:	
Req:	£
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COMIC RELIEF SMALL GRANTS APPLICATION FORM

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)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Evening Tel No.	
Fax No.	
Mobile No.	
Email	
Address Details (if different from Org address)	
Ln1	
Ln2	
Ln3	
Town	
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
- 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"/>	Management committee	<input type="text"/>
Part Time Staff / Workers	<input type="text"/>	Volunteers (not incl Management Committee)	<input type="text"/>

1.7 Please describe the overall aims and objectives of your organisation and the activities or services your organisation **provides (Maximum of 300 words in total)**

1.8 What is your organisation's annual income? £ _____

2.8 What would you like to do with your grant to address the need described above? Please describe your project/activity and how it meet the grants programme criteria (Maximum of 150 words in total)

2.9 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) (Maximum of 150 words in total)

2.10 Please outline the results/benefits/changes that you expect to achieve as a result of the funding (Maximum of 150 words in total).

2.11 Please tick this box to confirm that if your application is successful, you are wiling to take part, where appropriate, in any publicity activities, particularly involving local media

yes I agree (please tick)

Section 3.0 - Who will benefit

3.1 Approximately how many beneficiaries will there be (one number only please) _____

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"/>	Women	<input type="checkbox"/>	People with mental health disabilities
<input type="checkbox"/>	Older People	<input type="checkbox"/>	People in Rural Areas	<input type="checkbox"/>	BME groups
<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	Refugees/Asylum seekers/Immigrants
<input type="checkbox"/>	Homeless Not in Education, Employment or Training				
<input type="checkbox"/>	Others (please state):				

3.3 Primary ethnic group (this section was not in Community Cash form)

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"/>	
<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 Budget breakdown summary (incl VAT)

Please provide a breakdown of costs under separate headings for instance - staff, volunteer expenses, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100

5.1 Declaration

I have enclosed the following with my application

- A copy of our constitution or set of rules, including a list of our management committee
- A copy of our group's annual accounts or income and expenditure records
- A copy of our financial policy, (giving details of cheque signatories)
- A copy of our group's Child Protection or Working with Vulnerable Adults Policy (if applicable)
- Details of at least one (1) independent referee
- A copy of all Quotes
- A copy of our project's budget, if not included at question 4.4
- Any additional information that might support our application

Failure to send all related documents or quotes may delay your application

Please send your completed application and any supporting documents

By e-mail to: info@staffsfoundation.org.uk

By post to: **Comic Relief Grants, Staffordshire Community Foundation, The Dudson Centre
Hope Street, Hanley, Stoke on Trent, ST1 5DD**

Declaration

1. I am authorised to make this application on behalf of the above organisation and certify that the information is correct and if it is not it may result in the application being delayed or declined.
2. If any information regarding this application changes I shall notify The Staffordshire Community Foundation as soon as possible.
3. I understand and acknowledge that any grant awarded is for a new or continuing project and will not be used to refund payments already made, to reimburse costs or for retrospective projects, other than where deemed appropriate by the grants panel.
4. I give permission for The Staffordshire Community Foundation to record the information provided in this application electronically and to contact me by telephone, e-mail, post or fax as is necessary.
5. I understand that information in this application form may be shared with other grant giving authorities, for the prevention of false or untrue applications and to benefit organisations where this source of funding may not be awarded.

Signed

Date