

For Office Use Only	
Ref:	GRG-10/
Com:	
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GRANT APPLICATION FORM

1.1 YOUR ORGANISATION

Organisation Name	
Organisation Address (including postcode). [This is the address from which your organisation usually operates]	

1.2 CONTACT DETAILS

Your Name	
Role Within Organisation	
Correspondence Address (including postcode) [This is the address we will use to contact you]	
Telephone (Main)	
Telephone (Mobile)	
E-Mail Address	

1.3 YOUR ORGANISATIONS STRUCTURE

When did your organisation start?	
If a charity, what is your charity number?	
If a company, what is your company number?	
Which geographical area do you work in?	
Do you have a written constitution?	
Do you have a child protection policy?	
Do you have a vulnerable adults policy?	
How many committee members do you have?	
How many paid staff do you have?	
How many volunteers do you have?	
How many members (users) do you have?	

1.4 YOUR ORGANISATION'S INCOME

For the following question you should add together the amounts for your organisation's last three financial years, (excluding the current one).

What is your total income?	
How much of this is from grants?	
How much of this is from subscriptions?	
How much of this is from donations?	

1.5 GRANTS TO YOUR ORGANISATION

Please give details of any grants received, including the amount, where it was from and the year it was given.	
Have you applied for a Grassroots Grant before?	
Are you applying to more than one local funder for a Grassroots Grant?	

1.6 WHAT YOUR ORGANISATION DOES

Please tell us a little about your organisation and what you do. (Max 100 words)	
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2.1 ABOUT THE PROJECT

The following question should be answered in relation to the project that you need funding for.

What is the name of your project?	
Is this a new project?	
What is the start date?	
What is the expected end date?	
How many people will benefit?	
What is the total cost of the project?	
How much have you raised so far?	
How much money are you applying for? (Max £5000)	

2.2 WHAT YOU WANT TO DO

Please describe the project. (Max 100 Words)	
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2.3 WHY YOU WANT TO DO IT

How do you know your project is needed? (Max 50 words)	
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2.4 HOW PEOPLE ARE DISADVANTAGED

How are people in your project area disadvantaged? (Max 50 words)	
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2.5 WHAT YOU WANT TO HAPPEN

<p>What will change for people if this project goes ahead? (Max 100 words)</p>	
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2.6 WHAT HAPPENS IN THE LONG TERM

<p>How will you sustain the project once the funding ends? (Max 50 words)</p>	
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2.7 BREAKDOWN OF PROJECT COSTS

ITEM OR SERVICE	TOTAL AMOUNT	REQUESTED AMOUNT
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
TOTAL COST	£	£

3.1 YOUR PROJECT BENEFICIARIES

This information is needed for monitoring purposes only and each grant application will be assessed on its own merits, regardless of how many of how few groups will benefit. However, this section MUST be completed or the application will not be processed.

From the list below, which age group will benefit most? (1 only)			
Please mark all other age groups that will benefit.			
Early Years (0-4)	Children (5-12)	Young People (13-18)	
Young Adults (19-25)	Adults (26-65)	Seniors (65+)	

From the list below, which ethnic group will benefit most? (1 only)			
Please mark all other groups that will benefit.			
White British	Black/Black British Caribbean	Indian	
White Irish	Black/Black British African	Pakistani	
Eastern European	Other Black Groups	Bangladeshi	
Gypsies & Travellers	Black Caribbean & White	Asian & White	
Other White Groups	Black African & White	Any Other Asian Group	
Chinese	Any Other Group		

From the list below, which group will benefit most? (1 only).			
Please mark all other groups that will benefit.			
Early Years (0-4)	Health Issues	Families	
Children (5-12)	Learning Disabilities	Carers	
Young People (13-18)	Physical Disabilities	Local Residents	
Young Adults (19-25)	Mental Health Difficulties	People In Rural Areas	
Adults (26-65)	Weight Issues	People In Urban Areas	
Seniors (65+)	Addictions	Refugees/Asylum Seekers	
NEET*	Homeless	Migrant Workers	
Long Term Unemployed	Ex Offenders & Prisoners	Single Parents	
Disadvantaged	LGBT Groups**	Men	
Low Income	BME Groups***	Women	
*NEET - Not in Education, Employment or Training			
**LGBT Groups - Lesbian, Gay, Bisexual & Transgender Groups			
***BME Groups - Black and Minority Ethnic Groups			

From the list below what is the primary issue? (1 only)			
Please mark all other issues.			
Arts & Culture	Health & Wellbeing	Social Enterprises	
Community Development	Housing	Social Inclusion	
Crime	IT/Technology	Social Services & Activities	
Disability & Access Issues	Poverty & Disadvantage	Sport & Recreation	
Education & Training	Racial & Cultural Integration	Supporting Family Life	
Employment & Labour	Religion	Transport Issues	
Environment & Recycling	Rural Issues	Volunteering	

4.1

DECLARATION

I have enclosed the following with my application

- A copy of our constitution or set of rules
- A copy of our group's annual accounts or income and expenditure records
- Any additional information to support our answers
- A copy of our group's Child Protection or Working with Vulnerable Adults Policy (if applicable)
- A copy of all Quotes

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: steve@staffsfoundation.org.uk

**By post to: Steve Adams, 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