

For Office Use Only: App. Ref: _____
 Receipt Date: _____
 Fund identified: _____
 Categories _____

Grant Application Form

Please read the accompanying guidelines before completing this application form. If you know which fund you wish to apply to, please state the name of the fund below. If you are unsure which fund would be best for your project, please leave the box blank and we will select the most appropriate fund for you.

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You must complete all sections of the application form and provide only the requested information. Please type or write clearly in block capitals, using black ink.

Name of group/ organisation applying for a grant:	
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Contact address:	
	Postcode:

Name of contact person:	
Position in group:	

Details for contact person:	Tel no (day): Tel no (evening): Fax no: Email:
Best time to contact:	

When did your group start and how often does your group meet?	Started _____ (Month/Year) We meet _____ times per week/month
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Are you a Registered Charity	No	Yes	number
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How many members are on your management committee?	Male	Female
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How many paid staff does your group employ?	Full-time:	Part-time:
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What does your group do?	
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Please provide details of where all correspondence and information should be sent with regard to your project.

This should be the name of the person who is submitting the application form and who can be contacted with any questions about the project.

You do not need to be a registered charity to apply, but you do need to have a constitution or a simple set of rules for your group.

These are the people who are responsible for taking decisions for the group.

Please show a breakdown of the anticipated cost of your project costs including VAT

Details	Amount (£)
	Total £
How much are you asking for	£

What other financial contributions are you expecting for this activity?

Support in kind <i>e.g. volunteer time, free accommodation</i>	Money received from other funds (£) <i>(please name the fund giving the amount)</i>
	Total £

Are you working with other groups on this project? If so, please state the name(s) of these and the nature of the relationship.

When do you hope to start your project, and how long will it last? (Please give dates)

From:	To:
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How will you judge the success of your project?

Please state clearly the cost of the project and ensure that you have been as accurate as possible. Attach copies of written quotations for the supply of any goods or equipment that form part of your project. Where possible two quotations should be obtained.

PLEASE DOUBLE CHECK YOUR CALCULATIONS BEFORE SUBMITTING YOUR APPLICATION.

Please give details of any support in kind (i.e. volunteer time) that will be contributed towards the project and/or whether your proposal has attracted a promise or a commitment of funding from any other sources including fees charged. Please note that if you are successful the grant will not be released until all funding is secured.

You do not have to work with other organisations.

As part of your Conditions of Grant you will be required to complete an End of Grant Form.

How many people will benefit from the activity?

Age Range 0-8 9-19 20-50 50+ Total

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ethnicity

- a) White British Irish Any other
- b) Mixed White / Black Caribbean White / Black African White / Asian Any other
- c) Asian or Asian British Indian Pakistani Bangladeshi Any other
- d) Black or Black British Caribbean African Any other
- e) Chinese
- f) Any other ethnic group (please describe).....

Please provide the details of two referees who know about your project

Print name:	Print name:
Address:	Address:
Postcode:	Postcode:

One of the referees will be asked to provide a written reference, so make sure that you have asked them to be referees and that they know your organisation and the project.

Checklist of documents which must be enclosed with this application form:

Please tick the boxes to show which documents you have enclosed with this form.

- Completed and signed application form
- A copy of your constitution or set of rules
- A copy of your latest audited accounts or proof of income and expenditure for the last 3 years
- A copy of your bank statement from the last 3 months
- Copies of the policies appropriate to the project i.e. Child Protection/Vulnerable Adults
- Copies of quotes for any equipment or services that you wish to purchase
- List of committee members including addresses, with cheque signatories identified

If you are not able to enclose any of the documents listed above, please give reasons why:

Declaration

Please check that all sections of the application form have been completed and that you have enclosed all supporting documents (see above Checklist) then sign below.

I confirm that all the information in this application form is accurate to the best of my knowledge and belief.

Signature 1
Contact person

Signature:

Print name:

Date:

Signature 2
Member of the management committee

Signature:

Print name:

Date:

Contact person should be the person named on the first page of this form. Signature 2 should be a member of the group's Management Committee and should be different from the contact person.

PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TO THE ADDRESS BELOW:

Birmingham Community Foundation
Nechells Baths, Nechells Park Road, Nechells, Birmingham B7 5PD

PLEASE REMEMBER TO KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR OWN RECORDS