

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.

CHFT Primary School Fund

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 Primary School applying for a grant:	
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Contact address:	
	Postcode:

Name of contact person:	
Position:	

Contact details:	Tel no (day): Tel no (evening): Fax no: Email:
Best time to contact:	

How long has your school been established?	Started _____ (Month/Year)
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How many paid staff does your school employ?	Full-time: _____ Part-time: _____
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How many children are there at your school?	
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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.

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

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.

THE PROJECT

What do you require the funding for, explaining the purpose and the reason why this project is needed?

The project description should explain exactly what the money should be used for. Please include the details of the activity you are applying for and how it will benefit the local community. We would like you to describe the project in your own words. Include what you want to achieve, details of the neighbourhood the project will serve, and its location. Please take care to write down the project's objectives (the things you intend to achieve), clearly describing each one.

How many children will benefit:

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

Details	Amount (£)
	Total £

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.

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 £

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.

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?

How many children will benefit from the activity?

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).....

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.

- Copies of quotes for any equipment or services that you wish to purchase

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.

<p>Signature 1 Contact person</p> <p>Signature:</p> <p>Print name:</p> <p>Date:</p>	<p>Signature 2</p> <p>Signature:</p> <p>Print name:</p> <p>Date:</p>
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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