

For Office Use Only: App. Ref: _____
 Receipt Date: _____



Managed by the Community Development Foundation
 Funded by the Office of the Third Sector



GRASSROOTS GRANTS BIRMINGHAM - DUDLEY - WALSALL

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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Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers) :

Full time Staff / Workers _____ Members _____

Part Time Staff / Workers _____ Volunteers and Helpers _____

Management committee _____

What are the aims & objectives of your group ?	
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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.

Bank details

Do you have a bank account in the organisation's name Y/N

If so please enter the details below

Account Name: _____

Bank / Building Society _____

Bank / Building Society Address _____

Sort Code

Account number

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THE PROJECT

What is the name of your project?

Which Area (estate, town, village, borough) do most of the people who will benefit come from ?	Postcode:
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Please explain what you want to do with the funds you are asking for; include how you know the activity is needed.

If your group does not have a bank account, you will need to find a non-profit group to accept the funding on your behalf.

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.

Project Budget

Is this money for (please click one): **New work** **To continue existing work**

How much money are you applying for: £ _____

What is the total cost of the project amount £ _____

Budget breakdown summary (incl VAT)

Please provide a breakdown of costs under the following headings:

Type of Cost	£ Amount
Staff costs e.g. salaries	
Volunteer Costs e.g. travel, lunch expenses training	
Operational/Activity costs e.g. equipment or venue hire, food/refreshments, childcare	
Office, overhead, premise costs e.g. rent, postage, telephone/fax, heating / lighting	
Capital cost e.g. computer equipment, photocopier	
Publicity cost e.g. designing and printing publicity material	
Other costs	
Total	

Have you ever received grant funding before from us or any other funder? **Yes / No**

Are you applying to more than one Local Funder for a Grassroots Grant? **Yes / No**

If yes, please provide details.

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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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.

How will you judge the success of your project?

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

Approximately how many beneficiaries will there be _____

Primary Beneficiaries – Choose from the List

Other Beneficiary groups involved

Please tick all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Early Years (0–5) | <input type="checkbox"/> Disadvantaged / Low Income | <input type="checkbox"/> Gay and Lesbian needs |
| <input type="checkbox"/> Children (5 – 12) | <input type="checkbox"/> Homeless people | <input type="checkbox"/> Ex Offenders |
| <input type="checkbox"/> Young People (13 – 25) | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Families |
| <input type="checkbox"/> Adults (25 – 50) | <input type="checkbox"/> People with health issues | <input type="checkbox"/> Men |
| <input type="checkbox"/> Over 50s | <input type="checkbox"/> Refugees / Asylum Seekers | <input type="checkbox"/> Women |
| <input type="checkbox"/> Alcohol / Drug Addiction | <input type="checkbox"/> People with mental health issues | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Others (please specify) | | |

Main beneficiaries’ ethnic origin

Please indicate the primary ethnic group who will benefit from your grant

Choose from the List

Other ethnic groups who will benefit

- 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).....

Primary Theme

Choose from the list below the primary theme of the grant application

Choose from the List

Other themes covered

- | | | |
|---|--|---|
| <input type="checkbox"/> Crime | <input type="checkbox"/> Sport and Recreation | <input type="checkbox"/> Employment and Labour |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Health and Wellbeing | <input type="checkbox"/> Supporting family life |
| <input type="checkbox"/> Poverty and Disadvantage | <input type="checkbox"/> Social Services and Activities | <input type="checkbox"/> Rural issues |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Community Support and Devel | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Racial and Cultural Integration | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Other: Please specify | | |

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

Print name:	Print name:
Address:	Address:
Postcode:	Postcode:
Tel Number:	Tel Number:

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.

Declaration Please check that all sections of the application form have been completed and 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 2 Member of the management committee
Signature:	Signature:
Print name:	Print name:
Date:	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.

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. <input type="checkbox"/> Completed and signed application form <input type="checkbox"/> A copy of your constitution or set of rules <input type="checkbox"/> A copy of your groups accounts for the last 3 years or proof of income & expenditure for the last 3 years <input type="checkbox"/> A copy of your bank statement from the last 3 months <input type="checkbox"/> Copies of the policies appropriate to the project i.e. Child Protection/Vulnerable Adults <input type="checkbox"/> Copies of quotes for any equipment or services that you wish to purchase <input type="checkbox"/> 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:

Please return your completed application form and all supporting documents to this address:

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

Tel: 0121 322 5560 – Fax: 0121 322 5579

email: team@bhamfoundation.co.uk

Please remember to keep a copy of the form for your own records.