



## Adobe Community Investment Grants 2009-2010

# Grant Application Form

The information on this form will help us process your application.  
Please contact us if there is anything you do not understand.

### 1. Contact Details

Name of Organisation
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Address
Postcode

The first contact person should be someone from your organisation who can discuss the application. Please give an alternative person in case the first contact is unavailable.

#### First Contact

Name
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Position
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Telephone (Daytime)
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Telephone (Evening)
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Email
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#### Second Contact

Name
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Position
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Telephone (Day)
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Telephone (Evening)
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Email
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## 2. About your organisation

### 2a. What type of organisation are you?

Unregistered community group/club/society	
Registered Charity	Charity Number
Other (please state)	

### 2b. When did your group start? Date:

### 2c. What does your organisation do?

### 2d. Where does your group do most of its work?

<b>London Borough:</b>
<b>District:</b>

### 2d. How would you describe the people you mainly work with ie your beneficiaries

Children under 16	Young people under 25
Older People	Disabled People
People of a minority ethnic group (please specify)	
Women	
Other (please describe)	

### 2e. How many people are involved in running your group?

Staff (Full Time)	Staff (Part Time)
Management Committee Members	Other Volunteers

2f. What was your organisation's income in the last financial year? £

What was your organisation's expenditure in the last financial year? £

**3. About the project that you are asking us to fund**

**3a. Describe the project or activity that you want the grant for. Tell us also which district you will be working in and how it will benefit the local community.**

**3b. When will the project start? Month.....Year.....**

**When will the project end?\*** Month.....Year.....  
(project end date must be no later than 12 months after state date)

**3c. Which of the Adobe Fund themes will you meet? Please tick all that apply.**

Visual arts/multimedia/video	<input type="checkbox"/>	Hunger/homelessness/affordable housing	<input type="checkbox"/>
Natural environment/improving public spaces	<input type="checkbox"/>	Improving access to electronic information for people with disabilities	<input type="checkbox"/>

**3d. Why is the project needed? Please show how your activity will meet the theme(s) you ticked in 3c.**

**3e. What outcomes and benefits are you aiming to achieve from your project? How will your project make a difference to the lives of your beneficiaries?**

#### 4. The Budget and Funding for your project

4a. How much will the project cost in total?

£
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4b. Where do you expect the money to come from?

If appropriate please indicate money already secured with an S

Source of funding	Amount £
Adobe Community investment Grants	
Other (please give details):	

4c. What are you asking us to fund with the grant?

Please provide a more detailed budget on a separate sheet if needed

Item	Cost £	Of which amount requested from Adobe Community investment Grants £
Total grant requested from Adobe Community investment Grants		£

4d. If you want to continue the activity, how will you fund the project once any grant received comes to an end?

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5. How will you know if the project is a success?

Please give details of how you will assess the outcomes/benefits of your project that you described in 3e

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## 6. Who will benefit from your project?

Will your activity particularly benefit any of the following groups?

Category of group	Main Beneficiary group (please tick)	Secondary Beneficiary group (if applicable)	If ticked, how many Beneficiaries?
Children and young people (0-18 years old)			
Older people (60 years and over)			
Disabled people			
Women			
Black and minority ethnic people			
Other (not mentioned above) Please state:			
<b>Age range of beneficiaries</b>			
0-11			
12-18			
19-25			
26-50			
51-60			
60 and over			

Estimated total number of beneficiaries of the project:.....

Please tick the box which best reflects the ethnic origin of **most** of the people who will benefit from your project:

**White:** British  Irish  Any other White background

**Asian or Asian British:** Indian  Pakistani  Bangladeshi   
Chinese  Any other Asian background

**Black or Black British:** Caribbean  African  Any other Black background

**Background** Mixed  Other   
Background

If ticked, please state "other".....

## 7. Referee

If you have **not** had a grant from Thames Community Foundation in the last four years, please send in with your application a brief letter of support addressed to Thames Community Foundation written by and signed by an **independent** referee.

In this letter, your referee must confirm that they have read your application and tell us what they know about your group, your capacity to run the project and why they wish to support this application.

The referee must be someone who knows about your group but is not directly involved in it. S/he must not be a member of your management committee, volunteer, user or beneficiary of your organisation and must not be related anyone who is.

They should be someone who has knowledge or experience of the voluntary and community sector and the needs of the particular geographical area you are working in. For example, referees can be capacity builders/development workers, other funders, teachers, nurses, local councillors, MPs etc.

Name of referee:		Position:	
Referee's organisation:			
Address:		Postcode:	
Telephone Number:		E-mail:	
Relationship to applicant group:			

## 8. Your group's bank details

Account Name	
Bank or Building Society	
Address	
	Postcode:
Account Number:	Sort Code:

## 9. May we give your group's contact details to the press for publicity purposes?

**Yes/No**

## 10. Declaration

1. We are authorised to make the application on behalf of the above organisation
2. We certify that the information contained in this application is correct
3. If the information in the application changes in any way, we will inform Thames Community Foundation
4. We give permission to Thames Community Foundation to record the details of our organisation electronically and to contact our organisation by telephone, mail or email with information about its activities and about funding opportunities.
5. We confirm that a grant, if offered, will be used exclusively for the purposes specified in this application
6. We agree to provide reports, on the form provided by Thames Community Foundation , on how the grant was used six weeks after the end of the grant and/or as requested by Thames Community Foundation

1. First signature

(person filling in this form):

Please print name:

Position in group:

Date:

2. Second signature (Chair, Secretary or Treasurer of the group and different from the first signatory)

Please print name

Position in group:

Date:

## 11. Documentation Checklist

Please send in with your completed and signed application the following documents:

Document	Included	
	Yes	No
Any additional papers you used to answer the questions above e.g. a detailed budget for your project (usually necessary as there is limited space on the form)		
Your organisation's set of rules/terms of reference/constitution		
Your last set of annual accounts showing income and expenditure and a balance sheet showing your group's reserves		
Child Protection or Vulnerable Adults Policy (essential if you are working with these groups)		
Equal Opportunities Policy		
Letter of support from an independent referee. (We do <b>not</b> need this if you have had a grant from Thames Community Foundation in the last four years)		
Details of management committee, paid staff and cheque signatories		
If you are not sending any of the above, please give reasons		

Please keep a copy of the application for your records.

We will process your application only when all the relevant information is received. This may include additional information that we ask for.

Please send completed applications including the documents from the checklist above to:

**Thames Community Foundation**  
**NPL Building 1**  
**Rooms 201 and 206**  
**Hampton Road**  
**Teddington**  
**TW11 0LW**

Telephone: 020 8943 6030

Email: [grantstcf@btconnect.com](mailto:grantstcf@btconnect.com)

Please remember to use correct postage. Incorrect postage may mean a delay in receiving your application or not receiving it at all. The application must be received by us before 12 noon on the closing date.

Registered office:

Thames Community Foundation, NPL Building 1 Rooms 201-206, Hampton Road, Teddington, Middlesex TW11 0LW

Company limited by guarantee, company registration number: 6251399

Registered Charity Number: 112243