



**COMIC RELIEF
LOCAL COMMUNITIES
FUND**

Managed locally by
Thames Community Foundation



GRANT APPLICATION FORM – PART A

1.1 Name of your organisation _____

1.2 Organisation Address details

Address Ln1			
Address Ln2			
Address Ln3			
Post Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (these are the details that will be used for correspondence purposes)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Evening Tel No.	
Fax No.	
Mobile No.	
Email	
Address Details (if different from Org address)	
Ln1	
Ln2	
Ln3	
Town	
Post Code	

1.3 When did your organisation start? Month Year

1.4 What type of organisation are you? (Tick as appropriate)

- A registered charity, if yes, please give your number _____
- A limited company. If yes please give your number _____
- Unincorporated club or association
- Community Interest Company
- Other: Please specify: _____

1.5 Are you part of a larger regional or national organisation

- Yes No

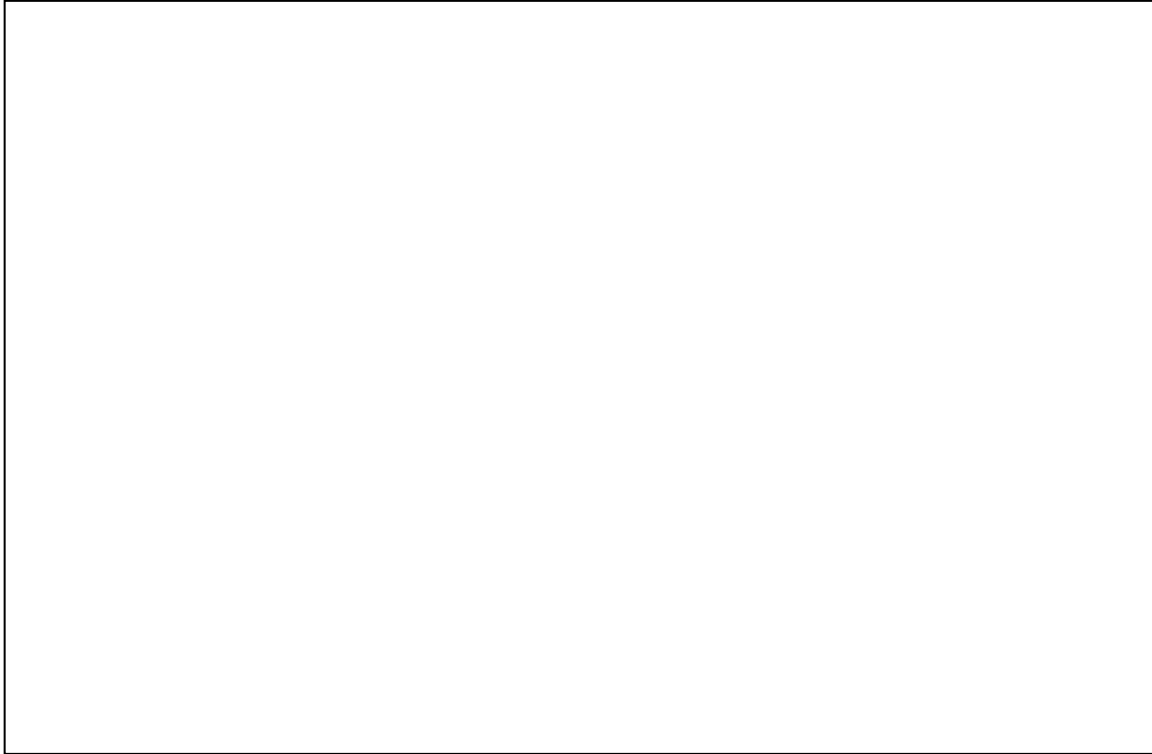
1.6 Staffing and volunteers

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

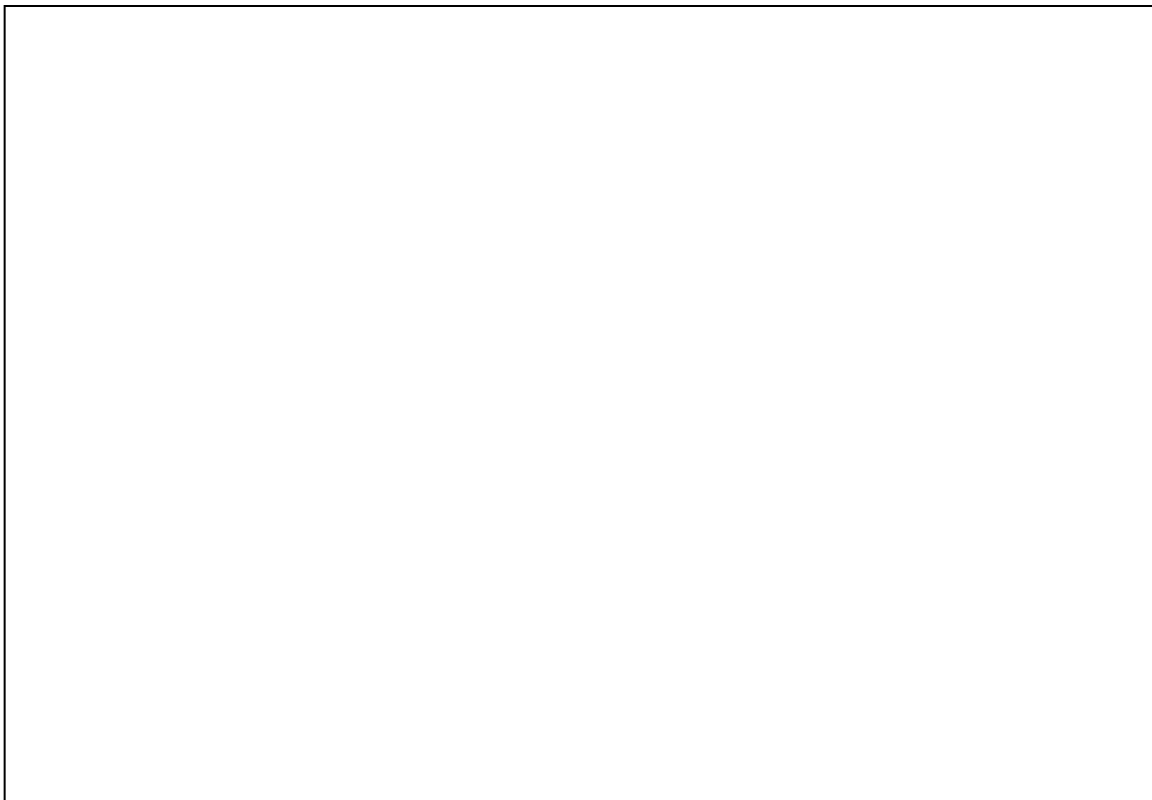
Full time Staff / Workers	<input type="text"/>	Management committee	<input type="text"/>
Part Time Staff / Workers	<input type="text"/>	Volunteers (not incl Management Committee)	<input type="text"/>

1.7 Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides

2.7 Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face. (e.g. low income, lack of facilities, lack of opportunity)



2.8 Please outline the benefits or outcomes that you expect to achieve as a result of the funding.



Section 3.0 - Who will benefit

3.1 Approximately how many beneficiaries will there be: _____

3.2 Primary beneficiaries

Enter into the box below a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

	Children & Young People		Women		People with mental health disabilities
	Older People		People in Rural Areas		BME groups
	Lesbian, Gay, Bi-sexual & Transgender groups		People with physical disabilities		
	Others (please state):				

3.3 Primary ethnic group

Enter into the box below a single option from the list below. This should represent the primary ethnicity group that will be addressed by this grant

Other ethnic groups who will benefit (please tick all that apply)

White		Mixed		Asian and Asian British		Black or Black British		Chinese or other group	
	British		Black Caribbean and White		Indian		Caribbean		Chinese
	Irish		Black African and White		Pakistani		African		Any Other
	Eastern European		Asian and White		Bangladeshi		Other Black		
	Gypsies & Travellers		Other Dual Ethnicity		Other Asian				
	Other White								

3.4 Primary issues

Enter into the box below a single option from the list below. This should represent the primary issue that will be addressed by this grant.

Other issues addressed (please tick all that apply):

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>	Social Inclusion
<input type="checkbox"/>	Community Support and Development.	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Social Services and activities
<input type="checkbox"/>	Counselling/Advice/Mentoring	<input type="checkbox"/>	IT / Technology	<input type="checkbox"/>	Sport and Recreation
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Poverty and disadvantage	<input type="checkbox"/>	Supporting family life
<input type="checkbox"/>	Disability and Access issues	<input type="checkbox"/>	Racial and Cultural Integration	<input type="checkbox"/>	Transport Issues
<input type="checkbox"/>	Education and Training	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Employment and Labour	<input type="checkbox"/>	Rural issues	<input type="checkbox"/>	
<input type="checkbox"/>	Environment/Recycling/Renewable energies	<input type="checkbox"/>	Social Enterprises	<input type="checkbox"/>	
<input type="checkbox"/>	Others (please state)				

3.5 Primary Age Group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

Other age groups affected (please tick all that apply):

<input type="checkbox"/>	Early Years (0-4)	<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	Seniors (65+)

Section 4 - Project Budget

4.1 What is the total project cost : £ _____

4.2 How much has been raised so far: £ _____

4.3 How much money are you applying for: £ _____

4.4 Budget breakdown summary (incl VAT)

Please provide a breakdown of costs under separate headings, for instance - staff, volunteer expenses, publicity, venue hire, purchase of equipment, activity costs etc..

Please also provide a cost breakdown for each item i.e. 10 hrs @ £10 = £100

Please now complete part B of the application form



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GRANT APPLICATION FORM – PART B

We won't be able to consider incomplete applications so please do make sure that you have completed all sections of this form, as well as having completed part A, that it has two signatures and that you are sending us all the required documents.

1. Bank Details

Does your group have its own bank account?

Yes/ No (please delete as appropriate).

If **Yes**, please enter your group's bank details below.

If **No**, you will need to find an organisation to accept the grant cheque for you and make payments on your behalf. Please provide their details below. We will also need a signed letter from them confirming they are willing to accept the grant on your behalf.

Account Name:																	
Grant cheque to be made payable to:																	
Bank / Building Society:																	
Bank / Building Society address:																	
Sort Code:		Account No:															

2. Referee

<p>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. The independent referee 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. 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. This person 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.</p>	
Name of referee:	
Referee's organisation:	
Position in organisation:	
Address:	Postcode:
Telephone Number:	E-mail:
Relationship to applicant group:	

3. Details of Your Group's Management Committee

<p>You must have at least three unrelated people on your management committee. Please show who are cheque signatories and any family relationships. You must have at least two cheque signatories who are unrelated and who do not live at the same address.</p>	
<p>1. Chair Name: Home address: Tel:</p>	<p>2. Secretary Name: Home address: Tel:</p>
<p>3. Treasurer Name: Home address: Tel:</p>	<p>4. Name: Home address: Tel:</p>
<p>5. Name: Home address: Tel:</p>	<p>6. Name: Home address: Tel:</p>
<p>7. Name: Home address: Tel:</p>	<p>8. Name: Home address: Tel:</p>

4. Documentation Checklist

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

Document	Included	
	Yes	No
Completed, signed and dated application form (parts A and B)		
Any additional papers you used to answer the questions above e.g. a detailed budget for your project		
Your organisation's set of rules/terms of reference or 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 not need this if you have had a grant from Thames Community Foundation in the last four years)		
Details of management committee and cheque signatories		
If you are not sending any of the above, please give reasons:		

5. DECLARATION (including terms and condition of funding)

We are asking you to sign the terms and conditions of funding now so that, if your application is successful, we can minimise any delay in sending you the grant cheque.

It is essential therefore that you understand and agree to sign up to the following statements.

Please note that if you leave the organisation or can no longer fulfil your responsibilities, you must inform us immediately and provide us with contact details for another person within your group who has taken over responsibility for the grant on behalf of the organisation.

1. Our organisation has at least two unrelated signatories for our bank account
2. All volunteers/staff working on the project applied for have passed at least a standard level CRB check if the project is working with children, young people or vulnerable adults
3. None of our organisation's income or assets will benefit a private individual
4. In the event of dissolution, our organisation's assets will be distributed to a local registered charity or voluntary organisation with the same or similar aims and objectives to our own group
5. Our organisation does not engage in promotion of religious or political beliefs
6. Our organisation is inclusive and does not discriminate on the basis of race, colour, religion, gender or sexuality
7. We certify that the information set out in our application form is correct. Any grant awarded on the basis of the information provided by us in the application form may be reclaimed by Thames Community Foundation if the information is misleading or incorrect
8. If we are awarded a grant, we shall not use the grant for any purposes other than those set out by us in this application form or otherwise approved by Thames Community Foundation.
9. We shall repay immediately on request any unspent grant money to Thames Community Foundation
10. We agree to participate in monitoring, auditing and evaluation relating to any funding provided by Thames Community Foundation.
11. We will keep all receipts and invoices for any payments made with this grant and will, if requested send originals of these receipts and invoices, along with the End of Grant report/questionnaire, to Thames Community Foundation no later than one month after the end of our project. We confirm that we will keep all financial records and accounts including receipts for items bought with the grant for at least 6 years.
12. We will keep a separate record for the grant in our accounts in order to track accurately all expenditure relating to the grant. Such records will be made available to Thames Community Foundation upon request.
13. We accept that the Thames Community Foundation will, under no circumstances, be liable for any damage, injury or loss of any kind whatsoever to any property or persons occurring as a result of activities undertaken with this grant.

14. We will ensure that all necessary permits, licenses and insurances have been obtained for any event or project funded by the grant and that the event or project complies with all relevant regulations.
15. We acknowledge we cannot sell or dispose of any equipment or other assets funded or part funded by the grant without first receiving written permission. If any equipment or assets are sold within their working life without such undertaking, the Foundation can ask for a percentage of the original grant to be re-paid.
16. We confirm that the grant will not be used for the provision of services to asylum seekers when those services are inconsistent with immigration laws or Home Office policy. We understand this includes, but is not limited to: the promotion of work based training to asylum seekers; the provision of employment to asylum seekers unless they are otherwise permitted to take employment; and the provision of services or activities, to asylum seekers, which are intended to assist with the integration of refugees.
17. We give permission for the Foundation to record the information in this form electronically and to contact our organisation by phone, mail or email with regards to this application.
18. We certify that we are authorised by the organisation to accept these terms and conditions on their behalf and that our signatures confirm our acceptance of the terms and conditions of the grant, if awarded, as they are set out in this form and the Comic Relief Local Communities grant guidelines.

This form should be signed by two people from your management/ organising committee.

Organisation Chair/Secretary or Treasurer (please delete as appropriate)

Name (please print): _____

Signature: _____

Date: _____

Committee member

Name (please print): _____

Signature: _____

Date: _____

Please keep a copy of the application for your records.

We will process your application only when all the relevant information is received. This includes the requested documents and any additional information or clarification that we have asked for.

Please send completed applications including the documents from the checklist on page 9 to:

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

Telephone: 020 8943 6030

Email: grantstcf@btconnect.com

Please remember to use correct postage taking into account both weight and the size of the envelope. If in any doubt, please check at a Post Office.

Incorrect postage may mean a delay in receiving your application or not receiving it at all.

Proof of delivery is not proof of receipt.

The application must be received by us before 12 noon on the closing date (see Comic Relief Local Communities Fund grant guidelines for details of closing dates).

Please call Thames Community Foundation if you have any queries about your application.

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