



# COMIC RELIEF LOCAL COMMUNITIES FUND

Managed locally by Thames Community Foundation



## 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

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.

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

### 3. Details of Management Committee

|   |   |
|---|---|
| <p><b>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.</b></p> |   |
| <p>1. Chair<br/>Name:<br/>Home address:<br/><br/>Tel:</p>   | <p>2. Secretary<br/>Name:<br/>Home address:<br/><br/>Tel:</p> |
| <p>3. Treasurer<br/>Name:<br/>Home address:<br/><br/>Tel:</p>   | <p>4.<br/>Name:<br/>Home address:<br/><br/>Tel:</p>           |
| <p>5.<br/>Name:<br/>Home address:<br/><br/>Tel:</p>   | <p>6.<br/>Name:<br/>Home address:<br/><br/>Tel:</p>           |
| <p>7.<br/>Name:<br/>Home address:<br/><br/>Tel:</p>   | <p>8.<br/>Name:<br/>Home address:<br/><br/>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 <b>not</b> 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 (parts A and B) 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 above to:

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

Telephone: 020 8943 6030

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

Company limited by guarantee, company registration number: 6251399

Registered Charity Number: 112243