

Reference no:
Office use only

Grassroots Grants programme 2009 – 2011

Application form (Version 1A) for grants from £901 to £5,000

Please read the Guidance Notes (Version 1A) before and during completion of this form. Only use this form if you are applying for more than £900. Please write clearly and use black ink. If we can't read your application easily, it may not be considered.

If you need help and advice, please contact your local Council for Voluntary Service or Thames Community Foundation.

1. Name of organisation

2. Full address of organisation (for correspondence)
Postcode: _____ Website: _____

3. Contact details

Main contact person		Second contact person	
Title: (please circle)	Miss/Ms/Mrs/Mr	Title: (please circle)	Miss/Ms/Mrs/Mr
Name:		Name:	
Position:		Position:	
Telephone:		Telephone:	
Best time to contact		Best time to contact	
Mobile phone:		Mobile phone:	
E-mail:		E-mail:	

4. Please describe the main activities of your organisation.

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5. When did your organisation start?	Month.....Year.....
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6. Does your organisation have a set of rules/terms of reference or constitution? (if not, your group will not be eligible – please see Guidance Notes)	Yes / No
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7. Are you:

A registered Charity?	Yes / No	If yes, Charity number	
Applying for charitable status?	Yes / No	Community group	Yes/No
Limited Company or C.I.C?	Yes/ No	Company number	
Uniformed group (e.g. Scouts/ Guides)	Yes / No	Other (please state)	

8. Are you:

A locally managed organisation?	Yes / No
Part of a larger regional or national organisation?	Yes / No
If your organisation is part of a larger regional or national organisation please say how you are independent:	

9. Your group's income:

What was your group's income and expenditure in the last three years?		
Year	Income	Expenditure

10. How many people are involved in your organisation?

Full-time paid staff/workers		Management Committee		Beneficiaries	
Part-time paid staff/workers		Volunteers and helpers			

11. What policies do you have in place?

You will need to submit these with your application – please also see checklist

12. Please give us a brief description of your project you want us to fund

Where will the project take place (address including postcode):

13. Which theme does your project fit into? (see Eligibility Criteria for Fund Themes)

Personal and economic development	Community Development	Community Cohesion	
Capacity Building	Youth	Health and Well-being	

14. Please enter from the list below the primary issue addressed by your project:

Please also tick other issues addressed by your project. Please tick all boxes that apply.

Arts and Culture	Health & Well-Being	Social Inclusion
Community Support & Development	Housing	Social Services & Activities
Counselling/Advice/Mentoring	IT/Technology	Sport & Recreation
Crime	Poverty & Disadvantage	Supporting Family Life
Disability and Access Issues	Racial & Cultural Integration	Transport Issues
Education & Training	Religion	Volunteering
Employment & Labour	Rural Issues	Other (please state)
Environment/Recycling/Renewable Energies	Social Enterprise	

15a. What is the need for your project and why is this important to your community?

15b. What do you expect the outcomes to be? (what difference will the project make?)

15c. How will you know if you have achieved what you set out to do?

16. Please give us the timescale of your project

Start date		Finish date	
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17. Which London Borough and ward (s) will you be working in?

Borough:	Ward(s):
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18. Please enter from the list below the main age group that will benefit from this grant:

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Please also tick other age groups that will benefit from your grant. Please tick all boxes that apply

Early years (0-4)		Children (5-12)		Young people (13-18)	
Young Adults (19-25)		Adults (26-65)		Seniors (65+)	

19a Please enter from the list below the main beneficiary group that will benefit from this grant:

.....

Please also tick other groups that will benefit from your grant. Please tick all boxes that apply.

NEET*	People with weight/obesity issues	Carers
Long Term Unemployed	Alcohol/Drug Addiction	People in rural areas
Disadvantaged/Low Income	Homeless people	People in urban areas
Lone Parents	Ex Offenders & prisoners	Refugees/asylum seekers
People with general health issues	Lesbian, Gay, Bi-Sexual and Transgender groups	Migrant workers
People with learning difficulties	BME** groups	Men/Boys
People with physical difficulties	Families	Women/Girls
People with mental health issues	Other (please state)	

*NEET = not in employment, education or training **BME = black and minority ethnic

19b Please enter from the list below the main ethnic group that will benefit from this grant:

.....

Please also tick other ethnic groups that will benefit from your grant. Please tick all boxes that apply.

White	Mixed	Asian/ Asian British	Black /Black British	Chinese or other
British	Black Caribbean & White	Indian	Caribbean	Chinese
Irish	Black African & White	Pakistani	African	Any other
Eastern European	Asian & White	Bangladeshi	Other Black	
Gypsies & Travellers	Other dual ethnicity	Other Asian		
Other white				

20. Approximately how many people in total will benefit from this grant?

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21. Have you ever received grant funding before from us or any other funder? (If yes, please give details of last two grants - date, amount , name of funder and type of activity funded)

1.	Yes / No
2.	

22. Have you applied, or are you applying to more than one Local Funder (this means an organisation such as Thames Community Foundation) for a Grassroots Grant? Please note that you cannot receive more than £5,000 from Grassroots Grants. If you receive more than £5,000 from one or more Local Funders you will have to return all Grassroots Grants funding over £5,000 to the relevant Local Funder(s). If yes, please provide details:	Yes / No

23. How much money are you applying for from Grassroots Grants (must not be more than £5,000.00) Please note that priority will be given to applications where the Grassroots Grant funds at least 50% of the costs of the project.	£
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24. Is this money for new work or to continue funding existing work? (Please tick the relevant box)

For new work		For existing work	
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25. Your project's budget

Please provide details of costs for your project. If any of your costs do not fit into these headings please list them in "other costs". Please itemise each cost and use a separate sheet if necessary so that you can provide enough details of what you want to spend a grant on.

Cost item	Year Ending 31/03/10	Year Ending 31/03/11	Total £
Staff costs: e.g. wages/salaries (give rate per hour and number of hours/weeks)	£	£	
Volunteer costs: "out of pocket expenses" only e.g travel			
Operational/activity costs: e.g. trips, refreshments, training			
Office/overhead./premises costs: e.g. venue hire/rent (please give rate per hour or week)/running costs			
Publicity costs: e.g. design and printing of leaflets, posters etc			
Other Costs (please specify)			
Total costs (A)			
Capital cost: e.g. equipment, computer, furniture etc (remember to send in two quotes or estimates for these items)			
Total capital costs (B)			
Total costs (A + B)			

26. If the total of your project budget is higher than the amount requested, please show how you will fund the total cost:

Total cost of your project	£	Raised so far
Amount requested from Grassroots Grants (must be same as amount in Q23 and must not exceed £5,000)	£	£0.00
Amount requested from other Funders	£	£
Amounts from own resources/other income	£	£

27. Do you have a bank account in the organisation's name?	Yes / No
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28. Bank Details

Account Name:														
Bank / Building Society:														
Bank / Building Society address:														
Sort Code:		Account No												

29. 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.

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. 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:			

30. Declaration

We certify that the following information is true:

1. We are authorised by our group/organisation to make this grant application and have the authority to accept the terms and conditions below on the group's behalf.
2. Our organisation has at least two unrelated signatories for our bank account
3. 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
4. None of our organisation's income or assets will benefit a private individual
5. In the event of dissolution, our organisation's assets will be distributed to charity
6. Our organisation does not engage in promotion of religious or political campaigns
7. Our organisation does not discriminate on the basis of race, colour, religion or gender
8. The information set out in this application form is correct.

We accept the following terms and conditions:

1. If we are awarded a grant, we shall not use the grant for any purposes other than those set out in this application form or otherwise approved by Thames Community Foundation.
2. Any grant awarded on the basis of the information provided by the applicant group in the application form may be reclaimed by Thames Community Foundation if the information is misleading or incorrect.
3. We shall repay immediately on request any unspent grant money to Thames Community Foundation
4. We agree to abide by the terms and conditions of the grant as they are set out in this application form and grant guidelines.
5. We agree to participate in monitoring, auditing and evaluation relating to Grassroots Grants as requested by Thames Community Foundation.
6. We will keep all receipts and invoices for any payments made with this grant and will send originals of these receipts and invoices along with the End of Grant report to Thames Community Foundation one month after the end of our project.
7. 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.
8. We shall inform Thames Community Foundation in writing if we intend to apply to another Local Funder for a Grassroots Grant.

Our signatures below confirm our acceptance of these conditions.

Signatures of applicants (two different signatories required)

Applicant (person filling in this form)

Signature <i>please sign</i>		
Name <i>please print/type</i>		Date:

Committee member (Chair/Secretary/Treasurer) please delete as appropriate

Signature <i>please sign</i>		
Name <i>please print/type</i>		Date:

31. Publicity

Grassroots Grants would like to use information on all activities funded in order to promote the funding programme. If you do **NOT** want to us using information about your activity for publicity purposes, please put a tick in the box:

32. Thames Community Foundation is registered to hold data under the Data Protection Act 1998

The Freedom of Information Act 2000

The Freedom of Information Act gives members of the public the right to request any information that we hold. Where can third parties get information about your project/organisation? (For example, your website)

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33. Checklist: when sending us your completed application, please ensure that you enclose

This signed and completed application form	<input type="checkbox"/>
Any additional papers you used to answer the questions above e.g. a detailed budget	<input type="checkbox"/>
Your organisation's set of rules/terms of reference/constitution	<input type="checkbox"/>
Your last set of annual accounts plus proof of income and expenditure for last three years (or since your group was set up if than three years ago)	<input type="checkbox"/>
Child Protection or Vulnerable Adults Policy (essential if you are working with these groups)	<input type="checkbox"/>
Bank Statement from last three months	<input type="checkbox"/>
Equal Opportunities Policy	<input type="checkbox"/>
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)	<input type="checkbox"/>
Details of management committee and paid staff (see appendix 1 at the end of this form)	<input type="checkbox"/>
If you are not enclosing any of the above, please give reasons:	

34. Application monitoring

34a. To help us monitor the quality of the Grassroots Grants application process, please provide us with ratings on the following:
How would you rate the service you received during the application process from Thames Community Foundation:
Not satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/>
34b. How easy was the application form to complete:
Easy – no problems <input type="checkbox"/> Had some difficulty with some questions <input type="checkbox"/>
Found form very hard to complete <input type="checkbox"/>
34c Do you have any comments (good or bad) about the application process and how it could be improved?

35. Would your group benefit from any training or additional support?

If training were available locally, either free of charge or at nominal cost to your organisation, would members of your group be interested in attending workshops or other training sessions on any of the following topics:

- Application writing
- Bookkeeping
- Project management
- Fundraising
- Full-cost recovery
- Governance (constitutions etc)
- Monitoring project outcomes and evaluation
- Safeguarding Policies (Child Protection/Vulnerable Adults)
- Other (please specify).....

Thank you for completing this form.

Sending us the form

Please see page 8 of the Guidance Notes for details of closing dates.

We won't be able to consider an incomplete application so please do make sure that you have completed all sections of the form, that it has two signatures for the Declaration and that you are sending us all the documents, including, if required, the letter from the referee, that we have asked for.

Please return this form to:

Grassroots Grants
Thames Community Foundation
NPL Building 1 – Room 201
Hampton Road
Teddington
Middlesex
TW11 0LW

Tel: 020 8943 6039 Email: grassrootstcf@btconnect.com

www.thamescommunityfoundation.org.uk

Please remember to put correct **postage** on your envelope. Incorrect postage may mean a delay in receiving your application or it may not arrive at all. If in any doubt, please check postage rates with Royal Mail. Please note that proof of posting by you is not proof of receipt by us. You must ensure that we receive the application no later than 12 noon on the closing date you choose.

Don't forget to take a copy of the completed application as you'll need to refer to it if we have any queries or for monitoring purposes

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: 1122432

Please complete Appendix 1 overleaf

Appendix 1 - Details of 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>
<p>9. Name: Home address: Tel:</p>	<p>10. Name: Home address: Tel:</p>
<p>Details of Paid Staff</p>	
<p>1. Name: Home address: Tel:</p>	<p>2. Name: Home address: Tel:</p>
<p>3. Name: Home address: Tel:</p>	<p>4. Name: Home address: Tel:</p>