

North West London Community Foundation

Central Depot (Unit 4), Forward Drive, Harrow, MIDDLESEX, HA3 8NT.
Tel: 020 8424 1167, Fax: 020 8909 1407, E-mail kath.s@nwlondoncf.org.uk



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



Grant Application Form

Reference number

Before you spend time completing this form please read the Grant Guidelines to ensure that your activity and group meet the Grassroots funding criteria. If you are unsure please contact NWLCF (details at the end of this form). If you fill in this form by hand, please use BLOCK CAPITALS using BLACK ink.

All About You

1. Name of your Organisation

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)		Second Contact Person	
Title		Title	
Forename		Forename	
Surname		Surname	
Role		Role	
Daytime Tel No.		Daytime Tel No.	
Evening Tel No.		Evening Tel No.	
Fax No.		Fax No.	
Mobile No.		Mobile No.	
Email		Email	
Address Details (if different from Org address)		Address Details (if different from Org address)	
Ln1		Ln1	
Ln2		Ln2	
Ln3		Ln3	
Town		Town	
Post Code		Post Code	

2
When did your organisation start? (month/Year).....

3
Is your organisation

- A Registered Charity, if yes please provide number.....
- A Limited Company, if yes please provide number.....
- Unincorporated Club or Association.
- Part of a Larger Regional or national Organisation.
- Other: please specify.....

4
Staffing & Volunteers
How many of each of the following are involved in the organisation (Numbers):

Full Time Staff/Workers:..... Members:.....

Part Time Staff/Workers..... Volunteers & Helpers.....

Management Committee.....

4.1
Please provide Names of any paid staff

4.2
Give Names & Addresses of Committee Members / Trustees (if not shown in your annual report)

4.3
Describe the management structure of your organisation
HQ, Regions, Counties, Divisions, Districts, Unit's. (E.g. who 'runs' your group on a day to day basis?
Who does this person report to?)

5
Please describe the overall aims & objectives of your organisation and the activities or services your organisation provides.

6
Average income per year over last 3 years (or since organisation started).
£.....per annum

7
Have you previously received grant funding from us or any other funder? Yes/No

8
Are you seeking other funding for this project? Yes/No

9
Are you applying to more than one Local Funder for a Grassroots Grant? Yes/No
If yes please provide details
.....

Tell Us About Your Grant Application

10
Please provide
Project Start Date: ___/___/___ Project Finish Date: ___/___/___ Project ongoing
It would be helpful if you could also provide proposed days and times of project (e.g. Mondays & Wednesdays 10am – 1pm), and details of the premises where your project will take place.

11
In which local authority will the activity take place?.....

12
In which area (estate, village, town, borough) do most of people who will benefit reside?
.....

13
Is this project for? New work To continue existing work

14

What would you like to do with your grant? Please describe your project/activity.

15

Explain how you know that people in your community want this project/activity and what evidence you collected to demonstrate this.

16

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 etc).

17

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

18

Please explain how you will collate, measure and report the benefits you describe in question 17.

19

How do you see this project/activity progressing after this funding comes to an end or do you see this as a one off project/activity?

20

Approximately how many beneficiaries will there be

21

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)

<input type="checkbox"/>	Early Years (0–4)	<input type="checkbox"/>	People with general health issues	<input type="checkbox"/>	Families
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>	Carers
<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	Local residents
<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People in Rural Areas
<input type="checkbox"/>	Adults (26 – 65)	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>	People in Urban Areas
<input type="checkbox"/>	Seniors (+ 65)	<input type="checkbox"/>	Alcohol / Drug Addiction	<input type="checkbox"/>	Refugees / Asylum Seekers
<input type="checkbox"/>	NEET *	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>	Migrant workers
<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	Ex Offenders and Prisoners	<input type="checkbox"/>	Men
<input type="checkbox"/>	Disadvantaged / Low Income	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	Women
<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	BME groups **	<input type="checkbox"/>	
<input type="checkbox"/> Others (please state)					

* Not in Education, Employment or Training

** Black and Minority Ethnic

22**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	
<input type="checkbox"/>	British	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any Other
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black		
<input type="checkbox"/>	Gypsies & Travellers	<input type="checkbox"/>	Other Dual Ethnicity	<input type="checkbox"/>	Other Asian				
<input type="checkbox"/>	Other White								

23**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"/>	Environment/Recycling/ Renewable energies	<input type="checkbox"/>	Social Enterprises		
<input type="checkbox"/>	Others (please state)				

24**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"/>	Adults (26 – 65)
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	Seniors (65+)

25
What is the total project cost? £

26
How much has been raised so far £

27
How much money are you applying for? £

28
Spend profile,
If your project spans more than one financial year, please indicate in which years you anticipate spending the funding

	Year (1) April 2008 – March 2009	Year (2) April 2009 – March 2010	Year (3) April 2010 – March 2011
Amount			

29
Budget breakdown summary (incl VAT)
Please provide a breakdown of costs under the following headings :

Type of Cost	Total Project Cost	Requested Amount	Details
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			

30

Please provide the name of your organisations bank account (**NOT NAME OF BANK**)

Branch

Account Number

Sort Code

Please provide confirmation of dual signatures on cheques

Names of Signatories

1.

2.

31

Are you working with another/other groups on this project?

Yes.....No.....

If yes please provide the name(s) of the group(s) and describe their role in the project

32

Checklist

Before you send your application to us, please confirm that it is complete by checking the list below.

Please indicate with a tick ✓ those items enclosed and if any item is not enclosed, provide a full explanation and indicate with a cross ✕

- 1. Annual report (if applicable)
- 2. A signed copy of your organisations set of rules/terms of reference/ constitution.
- 2. A signed copy of your accounts for the last financial year (3 if taking an average)
- 3. A copy of your safeguarding Child/Vulnerable Adult/persons Protection Policy (if applicable)
This policy must have a named Representative and Deputy for this project, please provide names
Representative.....
Deputy.....
- 4. A Copy of your Equal Opportunities Policy (if applicable)
- 5. Names and addresses of your management committee
Please detail any relationship (if any) to other management committee members or paid staff.

33

Declaration

It is essential 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, or someone else takes over responsibility for the grant on behalf of the organisation, you must inform us immediately.

Our signatures confirm our acceptance of the conditions below.

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- If successful we will not use the grant for any other purposes, other than those specified, without first receiving authorisation from the North West London Community Foundation.
- We agree to participate in monitoring, auditing and evaluation relating to this fund as detailed in the guidance.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with an End of Grant Report to the North West London Community Foundation at the end of the project.
- We will account for the grant separately in our organisation’s annual accounts. We will send a signed copy of these to the Community Foundation once they are ready.

Organisation Chair or Secretary

Name (please print).....

Signature

Date:.....

Committee member

Name (please print).....

Signature

Date:.....

**34
Independent Referee**

You must provide us with details of an independent referee.

Your referee must be a person with a professional or public position whose status we can check. They must be completely independent of your organisation but know its work well and know about the project for which you are requesting funds. Please do not give the details of a relative, friend, partner another member of the group, or anyone who would benefit from a grant being awarded to your project.

All information provided will be kept in accordance with our data protection policies.

Title: Full name:.....

Profession/Job title:.....

Organisation name/Employer:.....

Business address:.....

.....

.....

..... Postcode:.....

Daytime Telephone Number:.....

Mobile Telephone Number:.....

Email address:.....

How long have you known the organisation? Years.....Months.....

Please describe the nature of your relationship with the applicant.

I know this organisation and I have read and support this request for funding. I am willing to be contacted to discuss this application and also comment on any grant awarded.

Signed :.....

Date :.....

**Please send completed application form to
The Grants Officer**
North West London Community Foundation,
Central Depot - Unit 4, Forward Drive,
Harrow, MIDDLESEX,
HA3 8NT

