



Comic Relief Standard Small Grant Application Form – Part A

Section 1.0 – All about you

Name of your organisation _____

1.1 Organisation Address details

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

1.2

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		Management committee	
Part Time Staff / Workers		Volunteers (not incl Management Committee)	

1.7 Please describe the overall aims and objectives of your organisation and the activities or services your organisation **provides (Maximum of 300 words in total)**

1.8 What is your organisation's annual income? £_____

2.9 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) (Maximum of 150 words in total)

2.10 Please outline the results/benefits/changes that you expect to achieve as a result of the funding (Maximum of 150 words in total).

2.11 Please tick this box to confirm that if your application is successful, you are willing to take part, where appropriate, in any publicity activities, particularly involving local media

yes I agree (please tick)

Section 3.0 - Who will benefit

3.1 Approximately how many beneficiaries will there be (one number only please) _____

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)

<input type="checkbox"/>	Children & Young People	<input type="checkbox"/>	Women	<input type="checkbox"/>	People with mental health disabilities
<input type="checkbox"/>	Older People	<input type="checkbox"/>	People in Rural Areas	<input type="checkbox"/>	BME groups
<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	Refugees/Asylum seekers/Immigrants
<input type="checkbox"/>	Homeless Not in Education, Employment or Training				
<input type="checkbox"/>	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	
<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

	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 and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100

Bank Details

If you are successful we will make payment by cheque. Please enter the details of your bank/building society below.

Name of Bank/building society :

Number of signatories required for authorisation of cheques from your account?.....

Who should the cheque be made payable to?

Referee

Please provide us with the contact details of a referee. This should be someone who knows and has seen your work in a professional role but is independent of your group. The referee must not be a member of your Committee, someone who uses your services or a member of your family. We may need to contact your referee for additional information during office hours, so please make sure that they will be available during our assessment period.

Name

Address

Email

Telephone Number

Accompanying Documentation Checklist

*Please make sure you enclose the following with your application. **Incomplete applications will not be considered.***

- Latest annual accounts
- A bank statement from the last 3 months
- Signed copy of your organisation's set of rules / terms of reference / constitution
- Names and addresses of management committee members, with cheque signatories identified.
- If you are part of a larger regional or national organisation, evidence that you operate independently
- 3 different quotes for capital items (if applicable)

Please also tick if you have the following policies and enclose them. We may ask you to send us a copy if awarded a grant.

- Child Protection Policy
- Vulnerable Adults Policy
- Equal Opportunities Policy

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 terms and conditions of the grant as they are set out in this application form and the Grassroots Grants Guidance notes.
- 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.
- We will only spend the grant for the purposes outlined in this initial application unless we have received written confirmation, from the Foundation, that we can make a variation of spend.
- We accept that the 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.
- We will ensure that all necessary permits and licenses have been obtained for any event or project funded by the grant and that the event or project complies with all relevant regulations.
- We acknowledge we cannot sell or dispose of any equipment or other assets funded or part funded by the Foundation 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.
- 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.
- We realise we must keep all financial records and accounts including receipts for items bought with the grant for at least 6 years. These must be made available to the Foundation if requested.
- 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.

This form should be signed by two people from your management / organising committee. We suggest you keep a copy for your own records

Organisation Chair or Secretary

Name (please print) _____ Signature _____
Date: _____

Committee member

Name (please print) _____ Signature _____ Date:

Please sign and return to: **David Barclay, Herefordshire Community Foundation,
The Fred Bulmer Centre, Wall Street, Hereford, HR4 9HP**