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| **THIS FORM SHOULD BE COMPLETED AND SIGNED BY AN AUTHORISED REPRESENTATIVE OF YOUR ORGANISATION** | | | | | | | | | | | | | | | | | |
| 1. **Personal Information (Please complete in BLOCK CAPITALS)** | | | | | | | | | | | | | | | | | |
| **Name of Organisation** | | | |  | | | | **Type of Organisation** | | | | | | |  | | |
| **Charity No** | | | |  | | | | **Company No** | | | | | | |  | | |
| **Office Address** | | | |  | | | | | | | | | | |  | | |
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|  | | | |  | | | | | | | | | | | **Postcode** | |  |
| **Name of Contact** | | | |  | | | | **Tel No (switchboard)** | | | | | | |  | | |
| **Job title of contact** | | | |  | | | | **Tel No (direct dial)** | | | | | | |  | | |
| **Mobile No** | | | |  | | | | **Email** | | | | |  | | | | |
| **Names of Committee** | | | |  | | | | | | | | | | | | | |
| **Members / Trustees** | | | |  | | | | | | | | | | | | | |
|  | | |  | | | |  | | | |  | | | | | | |
| **No of Employees** | | | **Part / Fulltime** | | | **Paid / Unpaid** | | | | **Volunteers** | | | | **Total Annual Salary** | | | |
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| 1. **Title of Project** | | |  | | | | | | | | | | | | | | |
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| 1. **Brief description of Project (maximum 400 words inc. costs/expenditure)** | | | | | | | | | | | | | | | | | |
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| 1. **Project Details**    1. **Purpose of Project (maximum 100 words inc. any deadline for delivery)** | | | | | | | | | | | | | | | | | |
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| * 1. **Please state how you believe the Project will benefit the public (maximum 100 words)** | | | | | | | | | | | | | | | | | |
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| 1. **Length of Project** | | | | |  | | | | **years** | | |  | | | | **months** | |
|  | |  | | |  | | | | | | |  | | | |  | |
| 1. **Amount of funding being requested from the Foundation (£)** | | | | | | | | | | | | | | | |  | |
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| 1. **Will any of the funding be used to meet your organisation’s core operational costs?** | | | | | | | | | | | | | | | | | **YES/NO** |
|  | | **If yes, how much (£)** | | | | | | | | | | | | | |  | |
| 1. **Total cost of Project** | | | | | | | | | | | | | | | |  | |
| **(£)** | | | | | | | | | | | | | | | |  | |
| * 1. **Do you wish the Grant to be paid directly to your organisation?** | | | | | | | | | | | | | | | | | **YES/NO** |
| * 1. **If no, to whom would you like the grant to be paid?** | | | | | | | | | | | | | | | | | |
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| 1. **Without the Grant, would the organisation be able to carry out the Project?** | | | | | | | | | | | | | | | | | **YES/NO** |
|  | | | | | | | | | | | | | | | | |  |
| 1. **Does your organisation have adequate insurance in place to enable the Project to be carried out in a safe and competent manner (this includes having insurance to cover the health and safety of anyone involved in the Project)?** | | | | | | | | | | | | | | | | | **YES/NO** |
|  | | | | | | | | | | | | | | | | |  |
| 1. **Does your organisation agree to acknowledge the Foundation and the Grant in any publicity material relating to the Project?** | | | | | | | | | | | | | | | | | **YES/NO** |
|  | |  | | |  | | | | | | |  | | | | |  |
| 1. **Does your organisation agree to submit a report or reports demonstrating what progress has been made on the Project and allow Trustee visits to the Project? (In certain cases, future instalments of grant payments will only be made upon receipt of a satisfactory progress report)** | | | | | | | | | | | | | | | | | **YES/NO** |
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| **ACCOUNTS INFORMATION** | | | | | | | | | | | |  | | | |  | |
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| 1. **Please provide details of your main funding / income streams** | | | | | | | | | | | | | | | | | |
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| 1. **Please provide details of your core operational costs** | | | | | | | | | | | | | | | | | |
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| 1. **Please provide details of any significant project costs in the last two years** | | | | | | | | | | | | | | | | | |
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| 1. **Please supply detailed accounts for your last financial year and current year to date (these should include income and expenditure by funding type and an opening and closing balance sheet)** | | | | | | | | | | | | | | | | | |
| 1. **Please confirm any applications you have under review** | | | | | | | | | | | | | | | | | |
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| 1. **Please provide details of any regulatory / accreditation bodies that the charity is a member of** | | | | | | | | | | | | | | | | | |
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| 1. **Is the charity up to date and compliant with all necessary regulations and legal requirements including insurance, health and safety, taxation, company law and charitable entity status** | | | | | | | | | | | | | | | | | **YES/NO** |
| 1. **Are all employees’ / volunteers’ coaching, first aid and DBS training up to date?** | | | | | | | | | | | | | | | | | **YES/NO** |

**DECLARATION**

I declare that the contents of this Application Form are true.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed** |  |  | **Dated** |  |
| **Name** |  |  | **Title** |  |

**We may request a full breakdown of how funding has been spent (inc. receipts and invoices)**