



Social and Community Enterprise Fund

Application Form for grants up to £2,000



P O Box 1779 London E1W 2BY
Tel: 020 7782 6962
Fax: 020 7782 6963
Registered Charity No 1001047
Registered Company No 2563543
Registered Office: One New Change, London EC4M 9 QQ

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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Checklist

Please check that you have enclosed the following documents (where applicable) and tick:

This completed application form	
A copy of the details of any consultations or research carried out (Section 2, Question 6)	
Financial information e.g. how much money you are applying for, total cost of your activity etc. (Section 3)	
Budget information e.g. budget breakdown, estimates from suppliers etc. (Section 4, Question 15)	
Details of your organisation including number of Board members, full-time and part-time staff and volunteers (Section 5, Question 25)	
A full list of all the members of the management committee or steering group, with addresses and cheque signatories identified (Section 5, Question 25 and Section 8, Question 33)	
Legal status of your organisation including a copy of the governing document (Section 5, Question 26)	
A copy of bank statements from the last 3 months (Section 7, Question 32)	
Annual Accounts or a statement of income and expenditure (Section 4, Question 19)	
Has this application been signed by two people? (Section 8)	

Other documents required:

Insurance Certificate	
Equal Opportunities Policy	
Health & Safety Policy	
Child Protection Policy	
Vulnerable Adult Policy	
CRB Disclosure numbers	

What next?

Please ensure that you have completed all sections of the application form and have the enclosures ready (see the above checklist). If your application is not clear or complete, it will be returned to you for completion.

Send the completed application form to:

**St Katharine & Shadwell Trust
P O Box 1779
London
E1W 2BY**

If you have any queries regarding your application form, you can contact us at the address above or call us on **020 7782 6962**, or email enquiries@skst.org.

Remember to contact us for the deadline for applications.

Please make sure you keep a copy of the completed form for your own records.

Please do not copy this application form to anyone else.
This application form has your own unique reference number.
If the form is copied, it may result in your application being delayed.

Reference no. **SG10/**

APPLICATION FORM

Please read the Guidance Notes before completing this application.
 If you need assistance or advice, please contact us on 020 7782 6962 or email:
enquiries@skst.org

**Please contact St Katharine & Shadwell Trust for the deadline for applications -
 completed applications must be received at least two weeks before the deadline**

SECTION 1 – About you

1. Name of Group

2. Main contact person

Second contact person

Title:	Miss / Ms / Mrs / Mr	Title:	Miss / Ms / Mrs / Mr
Name:		Name:	
Position:		Position:	
Telephone:		Telephone:	
Mobile No.:		Mobile No.:	
E-mail:		E-mail:	

3. Full contact address of group

Address Line 1	
Address Line 2	
Town:	
Postcode:	
Website:	

4. If you have any communication needs, what are they? *(Please tick)*

Text Phone: Sign language: Other language:
(Please state)

Other:
(Please state)

SECTION 2 – Proposal

5. Describe what you want to do. Include details of the main activities and over what time period

6. How do you know there is a demand/need for this activity? Have you carried out any consultations or research?

7. Which areas will you be working in? (For example Tower Hamlets, Hackney etc)

8. Is anyone else doing the same thing?

SECTION 3 – Finance

9. How much money are you applying for? *(Maximum £2,000)*

£

10. When do you need the money?

11. When will it be spent?

12. Will the amount you have asked for cover the total cost of your activity?

Yes / No

13. If no, what is the total cost of your activity?

£

14. How will you finance the remaining cost?

SECTION 4 – Budget

15. Expenditure

Please provide details of costs of the activity. If any of your costs do not fit into these headings please list them in “other costs”. Tell us in the “description of costs” column what each item is and how much it is costing.

Type of cost	Description of cost	Total cost £ (incl. VAT)
Example:	Venue Cost – £10 per hour x 3 hours x 6 months	£180
Staff and volunteer costs e.g. - salaries - staff/management committee training - volunteer expenses <i>(please note we will only pay out of pocket expenses)</i>		
Operational/activity costs e.g. - small equipment or - food/refreshments - childcare		
Office, overhead and premises costs e.g. - rent - postage /telephone/ internet - heating/lighting/water		
Capital costs e.g. - computer equipment - photocopier		
Publicity costs e.g. - designing and printing publicity material - advertising - website		
Other Costs (please specify)		
Total		£

Please enclose any estimates/quotes that you have received from suppliers, trainers etc.

16. What is your estimated income in the next financial year?

£

17. Explain what income the project might generate and when.
Please give details by stating who, when and how much.

Type of Income	Period	Amount
<i>E.g. sale of products/services,</i>	<i>Jan – Mar</i>	<i>£180</i>

18. What was your income over the last 3 years (or since the group started)?

2009	£
2008	£
2007	£

19. Has your organisation produced annual accounts or a statement of income and expenditure?
If yes, please enclose a copy with this application form

Yes / No

20. Have you ever received grant funding before from us or any other funder?

Yes / No

21. If so, please give details. Please state who, how much and when:

Funder	Date Awarded	Amount

SECTION 5 – About Your Group

22. Are you a new or existing organisation?

New organisation
(Less than 1 year old)

Existing organisation

23. Tell us about your organisation and its activities (Please attach a copy of your business plan, and/or other documents in support of your application)

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24. Briefly describe your organisation's aims

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25. Details of your organisation

Date established	
Number of current Board members <i>(please attach a list of all the management committee members or steering group, with addresses and cheque signatories identified)</i>	
Full-time paid staff/workers (current and projected)	
Part-time paid staff/workers (current and projected)	
Volunteers and helpers (current and projected)	

26. Legal status of your organisation (please tick all that are relevant and supply a copy of the governing documents)

Applying for charitable status		Industrial & Provident Society	
Charity (please give Charity number)		Community Group	
Company Limited by Guarantee		Partnership	
Community Interest Company		Trust	
Co-operative		Voluntary Association	
Development Trust		Other (please specify)	

SECTION 6 – Beneficiaries

27. How many people do you expect to benefit directly from your project/activity? Please give estimates in the age ranges below

Young People (16-25)	Adults (25-60)

28. We need to know how you will measure the impact your project has had and what difference it has made – to individuals or a group

Please tell us how you will monitor your activities to judge how successful you have been

29. Primary beneficiaries

Choose from the list below the type of group who would be the primary beneficiaries of this grant. Enter **one** in the box below

Primary beneficiaries:

Other beneficiary groups who will benefit: *(Please tick all that apply)*

Early years (0 – 4)		People with general health issues		Families	
Children (5 – 12)		People with learning difficulties		Carers	
Young People (13 – 18)		People with physical disabilities		Local residents	
Young Adults (19 – 25)		People with mental health difficulties		People in Rural Areas	
Adults (26 – 65)		People with weight/obesity issues		People in Urban Areas	
Seniors (+ 65)		Alcohol/Drug Addiction		Refugees/Asylum Seekers	
NEET (Not in Education, Employment or Training)		Homeless people		Migrant workers	
Long term unemployment		Ex Offenders and Prisoners		Men	
Disadvantaged/Low Income		Lesbian, Gay, Bi-sexual & Transgender groups		Women	
Lone Parents		BME (Black and Minority Ethnic) groups			
Other (Please describe)					

30. Primary Ethnic Group

Choose from the list below the ethnic grouping who would be the primary beneficiaries of this grant. Enter **one** in the box below

Primary Ethnic Group:

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								

Other (Please state)

31. Primary Issues

Choose from the list below the primary issue that will be addressed by this grant. Enter **one** in the box below

Primary Issue:

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Other issues will your activity address: *(Please tick all that apply)*

Arts and Culture	
Community Support and Development	
Counselling/Advice/Mentoring	
Crime	
Disability and Access issues	
Education and Training	
Employment and Labour	
Environment/Recycling/Renewable Energies	
Health and Wellbeing	
Housing	
IT/Technology	

Poverty and disadvantage	
Racial and Cultural Integration	
Religion	
Rural issues	
Social Enterprises	
Social Inclusion	
Social Services and activities	
Sport and Recreation	
Supporting family life	
Transport issues	
Volunteering	

Other (Please describe)	
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SECTION 7 – Bank Details

32. Do you have a bank account in the organisation’s name?

Yes / No

Please provide the details below:

Account Name:	
Bank / Building Society Name:	
Bank / Building Society Address:	

Sort Code:

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Account No.:

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33. Who are the signatories to the account?

Signatory 1

Signatory 2

Title:	Miss / Ms / Mrs / Mr	Title:	Miss / Ms / Mrs / Mr
Name:		Name:	
Position:		Position:	

SECTION 8 – Declaration

It is essential that you understand and agree to sign up to the following terms & conditions. Please note that if you leave the group or can no longer fulfil your responsibilities, or someone else takes over responsibility for the grant on behalf of the group, 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 group 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 St Katharine & Shadwell Trust
- 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.
- We will account for the grant separately in our group's annual accounts. We will send a signed copy of these once they are ready.
- We agree to participate in monitoring, auditing and evaluation related to this fund.

Organisation Chair or Secretary

Signature: _____

Name (*please print*): _____

Position: _____

Date: _____

2nd Committee Member

Signature: _____

Name (*please print*): _____

Position: _____

Date: _____