

EAST END AND CITY



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

programme 2008 – 2011

Application form – Tower Hamlets

for grants up to £5,000

2010



NEWHAM VOLUNTARY SECTOR CONSORTIUM
for voluntary, faith and community groups



Checklist

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

This completed application form	
Financial information e.g. budget breakdown, estimates from suppliers etc. (Section 2, Question 16)	
Information about the trainer, teacher or consultant you want to employ <i>Please ensure you give us two quotes from two different trainers/consultants</i> (Section 2, Question 16)	
Your group's rules or constitution (Section 4, Question 31)	
A full list of all the members of the management committee or steering group, with addresses and cheque signatories identified (Section 4, Question 32 and Section 5, Question 36)	
A copy of a bank statement from the last 3 months (Section 4, Question 17)	
Annual Accounts or a statement of income and expenditure (Section 4, Question 18)	
Has this application been signed by two people? (Section 6)	

Other documents required:

Equal Opportunities Policy	
Insurance Certificate – e.g. public liability insurance for the organisation, project insurance. If you do not have insurance yet, please ensure there is an appropriate item in the budget.	
Health & Safety Policy	

If your activity is for work with children and young people or vulnerable adults, you will need to have a **Child Protection Policy/Vulnerable Adult Policy**. We will need **CRB Disclosure Numbers**. A form for this information is provided.

Child Protection Policy	
Vulnerable Adult Policy	
CRB Disclosure numbers	

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)

What next?

Please ensure that you have completed all sections of the application form, have the enclosures ready (see the above checklist). 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**.

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

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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

programme 2008 – 2011

Reference no. **GGTH10/010**

APPLICATION FORM 2010 – TOWER HAMLETS

Please read the Guidance Notes before completing this application.

For assistance or advice, please contact us on 020 7782 6962 or email: enquiries@skst.org

Please print, circle, tick or as appropriate.

Name of Group:

Name of Activity:

Full contact address of group (including postcode)

Website:

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:	

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

Text Phone:

Sign language:

Other language:

Other (Please state):

SECTION 1 – Tell us what you want to do

1. Give a brief description of the activity you want us to fund:

2a. When will the activity start?

2b. When will the activity finish?

3. Is this a new activity or an existing activity?

(Please tick the relevant box)

New activity

Existing activity

4. Where will the activity take place? Please provide the full address

5. How do you know there is a need for your activity?

6. Why is this activity important to your community?

7. Are there any groups doing a similar or same sort of activity in the area?

SAMPLE

8. How will you know if your activity has been successful?

a) Achievements:

b) Outcomes:

9. How much Grassroots Grants money are you applying for?

Year 1	Year 2	Year 3
£	£	£

10. When do you need the money?

11. When will it be spent?

12. Will the proposed Grassroots Grants money cover the total cost of your activity?

13. What is the total cost of your activity?

14. How will you pay for the costs not covered by the Grassroots Grants money?

SAMPLE

SECTION 2 – Budget Breakdown

15. Budget Overview

- a) What is the total cost of the activity?
- b) How much are you requesting from us?
- c) How much has been raised so far?

£
£
£

16. Budget breakdown

Please provide details of the full costs for your project. If you are applying for a grant over three years, please ask for extra copies of the budget breakdown. 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.

These are examples of the type of costs you may have for your activity:

Type of cost	Full description of cost	Total cost £ (incl. VAT)
Example: Venue Cost	Example: Room Hire – 2 hrs per week for 26 weeks x £15 per hour - £780	Example: £780
Staff and volunteer costs e.g. - salaries - staff/management committee training - volunteer expenses (please note we will only pay out of pocket expenses)		
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.

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

2009
2008
2007

£
£
£

Please provide a bank statement from the last 3 months

18. Has your group produced annual accounts or a statement of income and expenditure?

If yes, please enclose a copy with this application form

Yes / No

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

20. Have you applied or are you applying to more than one Local Funder for a Grassroots Grant?

If yes, please provide details:

SECTION 3 – Who is the activity for?

21. What are the themes you are applying under? (Please tick all that apply)
Please check the guidance notes for definitions of the themes

Strengthening communities	<input type="checkbox"/>
Bringing people from different backgrounds together	<input type="checkbox"/>
Strengthening organisational capacity and ability	<input type="checkbox"/>
Responding to Local Need	<input type="checkbox"/>

22. Approximately how many people will benefit from this grant?

23. 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"/>	
<input type="checkbox"/>	Others (please state):				

24. 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								

25. 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)				

26. 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

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Other age groups affected, (please tick all that apply)

	Early Years (0-4)		Young People (13 – 18)		Adults (26-65)
	Children (5 – 12)		Young Adults (19 – 25)		Seniors (65+)

SECTION 4 – Tell us about your group

27. Are you:

A new group?			Yes / No
A registered Charity?	Charity number:		Yes / No
Applying for charitable status?			Yes / No
A locally managed group?			Yes / No
A Company Limited by Guarantee?			Yes / No
A Community Interest Company?			Yes / No
Part of a larger regional or national organisation?			Yes / No
If yes, please provide details:			
Other (please state):			

28. Does your group have a set of rules/terms of reference or constitution? *If yes, please enclose a copy with this application form*

Yes / No

29. How many people are involved in your group?

Management Committee <i>Please enclose a list of all management committee members including addresses</i>	
Volunteers and helpers	
Full-time paid staff/workers	
Part-time paid staff/workers	

30. When did your group start?

31. Describe briefly the aims of your group:

SECTION 5 – 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 main signatories to the account?

Signatory 1

Signatory 2

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

SECTION 6 – 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:

Committee member

Signature:

Name (*please print*):

Position:

Date: