



<b>Which fund?</b>	✓
Chad Challenge Fund	
Dave Hartley Fund	
Keepmoat	
Kynan Eldridge Fund	
RTC Fund	
Other	

## Grant application form for a community group

(Please complete using black ink as we may need to photocopy this document)

<b>1. Contact details</b>	
Title of main contact: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First name(s) of main contact: _____	
Surname of main contact: _____	
Organisation/Group name (if any) as detailed in your constitution: _____	
Main contacts role within the organisation/group: _____	
Correspondence address: _____  Postcode: _____	Group address: _____ (If different to correspondence address)  Postcode: _____
Tel Work: _____ Mobile: _____	Tel Home: _____
Email: _____	

<b>2. About your group</b>	
When was your group set up? (month & year) _____	
How many people are involved in your group in the following areas? (please give numbers)	
Management committee	Members (if appropriate)
Users of your group	Volunteers
Paid staff - full time	Paid staff – part time
Other (please explain)	
What type of group are you? (tick all that apply)	
<input type="checkbox"/> Registered Charity	If yes, Charity Number: _____
<input type="checkbox"/> Company Limited by Guarantee	If yes, Company Number: _____
<input type="checkbox"/> Industrial Provident Society	
<input type="checkbox"/> Parish, town or community	
<input type="checkbox"/> Unregistered group with formal rules	
<input type="checkbox"/> Other (please describe) :	

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DIGITS Ref	
Entered	

Which geographical area does your group work in? e.g. Mansfield, Bulwell, Worksop etc.

Who will your group benefit? (please tick)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pre-school              | <input type="checkbox"/> Children          | <input type="checkbox"/> Young people                    |
| <input type="checkbox"/> Adults                  | <input type="checkbox"/> Older people      | <input type="checkbox"/> People living with disabilities |
| <input type="checkbox"/> Refugees/Asylum seekers | <input type="checkbox"/> Unemployed people | <input type="checkbox"/> Other                           |

Tell us what your group does (maximum 100 words).

### 3. About your project

Briefly describe the project you require funding for - use the key words of who, what, when, where and why to tell us about your project/activity (maximum 200 words)

### 4. Theme

How do you feel your project meets the criteria of this fund?

## 5. Cost of project

Please give a detailed breakdown of how the funding will be spent

Item	Amount £
<b>Total amount requested</b>	

What is the total cost of your project/activity?	£			
Amount required from this source of funding?	£			
If the two amounts differ please fill in the table below to explain where the remaining funding will come from				
<b>Funding Source</b>	<b>How much</b>	<b>Successful</b>	<b>Unsuccessful</b>	<b>Pending</b>

When will the project/activity start?	Finish?
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## 6. Monitoring information

How many people do you expect to benefit directly from this project/activity?

What ages are the people who you hope will benefit from your project/activity? (please tick)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Children under 4 | <input type="checkbox"/> Children under 14 | <input type="checkbox"/> Young people 14-19 |
| <input type="checkbox"/> Adults           | <input type="checkbox"/> Elderly           | <input type="checkbox"/> All age groups     |

Using the ethnic categories below please tick all of the people who will benefit from your project/activity:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White - British         | <input type="checkbox"/> Black - Caribbean | <input type="checkbox"/> Other Asian Background      |
| <input type="checkbox"/> White – Irish           | <input type="checkbox"/> Black - African   | <input type="checkbox"/> Chinese                     |
| <input type="checkbox"/> White – Other           | <input type="checkbox"/> Black – Other     | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian            | <input type="checkbox"/> Traveller of Irish Heritage |
| <input type="checkbox"/> White & Black African   | <input type="checkbox"/> Pakistani         | <input type="checkbox"/> Gypsy/Roma                  |
| <input type="checkbox"/> White & Black Asian     | <input type="checkbox"/> Bangladeshi       | <input type="checkbox"/> Prefer not to say           |

**7. Finance information**

Does your group produce a formal set of annual accounts? (please tick)  Yes  No

*(If yes, please enclose a copy of your latest accounts)*

Does your group have its own bank/building society account? (please tick)  Yes  No

If yes, how many signatures do you need to authorise a cheque on this bank account?  
(Please state number):

Bank/Building society name:

Bank/Building society address:

Postcode:

Sort Code:

Account Number:

Building society roll number (if this applies):

Account name that payments should be made to:

If your group does not have its own bank account, please give the details of an organisation that would be prepared to receive a grant on your behalf

Name of organisation:

Organisations bank/building society name:

Organisations bank/building society address:

Postcode:

Sort code:

Account number:

Building society roll number (if this applies):

Account name that payments should be made to:

**8. Independent referee**

Name:

Contact address:

Tel Home:

Tel Work:

**Declaration**

We are authorised to submit this application on behalf of the group and certify that the information enclosed is correct. By signing this application form, we agree to abide by the terms and conditions included in the grant guidelines and any additional special conditions detailed on any offer of a grant letter sent by Nottinghamshire Community Foundation. We understand that we will be expected to monitor expenditure and provide Nottinghamshire Community Foundation with receipts and a report on the progress of the project/activity. We also give permission for Nottinghamshire Community Foundation to record the information given in this form electronically and understand that personal information will be treated confidentially. All information will be held in line with the Data Protection Act 1998 and other relevant legislation. The only purposes the information will be used for is deciding whether or not a grant can be awarded to your group, for customer care, for publicity and for monitoring. The information will be used anonymously for monitoring purposes and will not affect the outcome of your application. By providing us with accurate information you are enabling us to improve the support we can give to voluntary and community groups across the county.

Signature 1:  
(Person submitting the form)

Date:

Signature 2:  
(Chair or senior representative of the management committee)

Date:

<b>Checklist – please forward a copy of the following documents</b>	✓
Governing document containing a dissolution clause, signed and dated	
Equal opportunities statement/policy	
Children and vulnerable adults/groups policy (if applicable)	
Latest annual accounts or anticipated budget proposals for new groups	
Latest original bank statement (this will be returned) or photocopy of building society passbook	
Agreement between your group & the organisation receiving money on your behalf (if applicable)	
Quotes for items and services you are buying	

**Please return this form to:**

Nottinghamshire Community Foundation  
Cedar House, Ransom Wood Business Park  
Southwell Road West  
Mansfield  
Nottinghamshire  
NG21 0HJ

Tel: 01623 620202

Fax: 01623 620204

Email: [enquiries@nottscf.org.uk](mailto:enquiries@nottscf.org.uk)