

ONE Nottingham Small Grants Scheme

For office use only	
DIGITS	
App No	

Application Form

Before filling in this form please make sure that you have read through it to the end in conjunction with the step by step guide and understand what is required. If you have any concerns please do not hesitate to call us at Nottinghamshire Community Foundation on 01623 620 202.

1. GROUP INFORMATION	
Name of Group:	
Name of main contact:	
Title of main contact (e.g. Mr, Mrs, Miss, Ms or Other):	
Position in Group:	
Telephone Home:	Telephone Work:
Mobile:	Best times to Contact:
E-Mail:	
Address for correspondence:	
Postcode:	
Group address (if different):	
Postcode:	
Which local authority area does your group work in?	
Which electoral ward does your group work in?	
What type of Group are you? (Tick all that apply)	
Registered Charity:	Yes <input type="checkbox"/> Your charity registration no: <input type="text"/>
Company limited by guarantee:	Yes <input type="checkbox"/> Your company number: <input type="text"/>
Industrial Provident Society:	Yes <input type="checkbox"/> Your reference: <input type="text"/>
Parish, town or community council:	Yes <input type="checkbox"/>
Unregistered group with formal rules:	Yes <input type="checkbox"/>
Other (Please describe below):	Yes <input type="checkbox"/>
Is your group a branch of a larger organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No (tick box) If yes, please state which:	

The name of the group as written on your governing document
The main contact person must be someone who can talk about the need for your grant in detail

It is likely that we will need to contact you during the day, especially for assessment purposes, so please supply an appropriate number. Likewise, any E-mail should be one accessed on a regular basis

The town, district, county or region your group operates in

You do not need to be a registered charity to apply but you do need to have a constitution or a simple signed set of rules for your group

Briefly describe the purpose of your group:

Describe the Projects/Activities you provide including:-
 (1) The aims of your organisation
 (2) Where, when & how often you meet
 (3) If there is a cost for participants

When was your group set up?

Enter the date from your governing document for when your group first started meeting or running Projects/Activities

How many people are involved in your group in the following areas? (please give numbers)

<i>Management committee</i>		<i>Members (if appropriate)</i>	
<i>Users of your group</i>		<i>Volunteers</i>	
<i>Paid staff – full time</i>		<i>Paid staff – part time</i>	
<i>Other (please explain)</i>			

Give a full list of the Management Committee members and describe the skills/experience that they have to help in the running of your group:

<i>Name</i>	<i>Position</i>	<i>Skills/Experience</i>

Include everyone who has a role in organising, planning, leading or participating in your group's Projects and Activities

Does your group have an Equal Opportunities statement/policy?

Statement *Policy* *Neither*

Please provide a copy of your statement/policy

If appropriate does your group have a Children and Vulnerable People policy/statement?

Statement *Policy* *Neither*

If yes please tell us how your group works to ensure children and vulnerable people are kept safe within the Project/Activity

If your Project/Activity directly involves children, young people or vulnerable groups you will need to have a statement or policy which explains your current practice. This could include police/criminal records bureau checks on staff and volunteers etc

2. FINANCE INFORMATION

Does your group produce a formal set of annual accounts?
(If yes, please enclose a copy of your latest accounts)

Yes No (please tick)

Please tell us your group's total income and expenditure for the last financial year

Income:

Expenditure:

Please tell us your group's projected income for this year

below £10,000 above £10,000 above £100,000

Please explain why you cannot pay for this Project/Activity out of your own funds:

Does your group have its own bank/building society account?

Yes No (please tick)

If yes, how many signatures do you need to authorise a cheque on this bank account?

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:

What other bank accounts do you have?

Bank Name	Account Name	Type of Account	Balance

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:

Statement from Organisation that has agreed to accept the grant for the applicant

I confirm that my Organisation has agreed to accept the grant for the applicant's activity. I am authorised to give this permission. I agree to ensure that all of the grant will be passed on to the applicant to be spent solely for the purpose for which it was given, and that I will account for the grant separately in my Organisation's annual accounts and send a signed copy of these accounts once they are ready to Nottinghamshire Community Foundation

Signature:

Date:

Name:

Position:

You must enclose a set of accounts for a group over 1 year old. If you are a new group you can send a one year budget (showing the projected income and expenditure) signed by your treasurer

Your group's bank account should have at least two cheque signatories. It is good financial practice to make sure that wherever possible, these people are not related

All Groups must send in a current original bank statement or photocopy of Building Society passbook transactions

This should be the name that appears on your group's cheque book. Payments cannot be made to individuals

Please make sure that you ask your nominated Organisation if they are willing to receive a grant on your behalf.

Please ensure the nominated Organisation signs this form to accept a grant on your behalf.

3. PROJECT INFORMATION

Name of your Project/Activity:

Choose a short title that describes the activities of your Project/Activity

Please describe the Project/Activity you would like funding for:
(Use the key words of who, what, when, where and why to tell us about your Project/Activity)

LAA Outcomes and Indicators

From the information contained in the NRSRG Introduction; Guidance and Step-by-step Guide relating to the Local Area Agreement, please indicate which of the Themes, Outcomes and/or Indicators your project addresses.

To be eligible to apply for funding, your project must address at least one of the 5 key themes.

Theme	Outcome	Designated indicator	Priority neighbourhood, groups, communities of interest

State why your local community needs this Project/Activity and how this relates to the ONE Nottingham LAA Outcomes and Indicators you have specified

How do you know there is a need for this Project/Activity?

An example of relating to the ONE Nottingham LAA Outcomes and Indicators you have specified would be if there is low levels of health in your area

Please tell us about any community consultation, feasibility study or other evidence of need which you have collected

When will the Project/Activity start?

Finish?

Please remember it may take up to 3 months for your application to be processed

What impact will your Project/Activity have in your local community?

What difference will it make

What do you see as the wider community benefits of your Project/Activity?

These benefits could include volunteering opportunities, training opportunities etc

How will you evaluate the success of your Project/Activity?

Explain how you will record you have been successful and have contributed towards any of the LAA Outcomes and Indicators or Safer, Stronger Targets. This could include:-
A register of the number of people starting new activities, volunteer diaries and/or evaluations and questionnaires

Are you working with any other groups on this Project/Activity? Yes No (tick box)

If yes, please state the name(s) of these and the nature of the relationship:

What is the total cost of your Project/Activity? £ <input style="width: 100px;" type="text"/>				
Amount required from this source of funding? £ <input style="width: 100px;" type="text"/>				
If the 2 amounts differ fill in the table below to explain where the remaining funding will come from				
<i>Funding Source</i>	<i>How much</i>	<i>Successful</i>	<i>Unsuccessful</i>	<i>Pending</i>
<i>Expenditure</i> Please give a detailed breakdown of how the funding will be spent			<i>Amount (£)</i>	
TOTAL				
If you have had help accessing this fund or completing the form please tell us who has provided this support?				
<p>Declaration</p> <p>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.</p> <p>Signature 1 Date (Person submitting the form)</p> <p>Signature 2 Date (Chair or senior representative of the management committee)</p>				

Remember the **maximum** grant for this fund is £10,000

You need to supply details of all the items and services you wish to buy and enclose quotes for items over £200

Remember to include hidden costs such as National Insurance for salaries, Insurance for particular items, security etc

If there is insufficient space here, you may provide a more detailed cost breakdown on a separate sheet but only if **ABSOLUTELY NECESSARY**

These must be two different people.

4. MONITORING INFORMATION

How many people do you expect to benefit directly from this Project/Activity?

Please state number

You may not know how many people will benefit from your Project/Activity. Please give your best estimate

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

Children under 4

Children under 14

Young people 14-19

Adults

Elderly

All age groups

From the target community list below put a tick in the group column next to the people your group mainly works with at present and in the Project/Activity column next to the people who will directly benefit from the Project/Activity which the grant is for (*Please tick as many as apply*)

As an example, if your Group and/or Project/Activity is mainly for Somalian women, then put a tick next to both "Women" and "Black and minority ethnic people" in the appropriate boxes in the appropriate columns.

	Group	Activity/Project
• Tenants		
• Local residents		
• Women		
• Men		
• Children (up to 5 years)		
• Children (up to 13 years)		
• Young people (from 13 to 24 years)		
• Over 50s		
• Black and minority ethnic people/Travellers		
• People with disability		
• Unemployed people		
• Lone parents		
• Ex-offenders		
• Drug users		
• Refugees/asylum seekers		
• Homeless people/rough sleepers		
• People with basic skills needs		
• Gay men, lesbians, bisexual and transgender people		
• Other		

What of the following benefits will your Project/Activity achieve? (please state a number)

Total

• Number of new community facilities	
• Number of community facilities improved	
• Number of jobs created	
• Number of jobs protected	
• Number of people helped in to work	
• Number of people gaining qualifications	
• Number of social enterprises created	
• Number of existing social enterprises supported	
• Number of community activities supported	
• Number of new volunteers involved in the Project/Activity	
• Number of new childcare places created	
• Number of transport schemes created or supported	
• Number of new groups supported	
• Number of existing volunteers involved in the Project/Activity	

This question asks you to think about what our funding will achieve. You must identify benefits under at least one of the headings listed

Using the ethnic categories below please tick all of the people who will benefit from your Project/Activity			
<i>White – British</i>		<i>Black – Caribbean</i>	
<i>White – Irish</i>		<i>Black – African</i>	
<i>White – Other</i>		<i>Black – Other</i>	
<i>White & Black Caribbean</i>		<i>Indian</i>	
<i>White & Black African</i>		<i>Pakistani</i>	
<i>White & Black Asian</i>		<i>Bangladeshi</i>	
		<i>Other Asian Background</i>	
		<i>Chinese</i>	
		<i>Other</i>	
		<i>Traveller of Irish Heritage</i>	
		<i>Gypsy/Roma</i>	
		<i>Prefer not to say</i>	

5. REFEREE

Independent Referee

Name:

Occupation:

Contact Address:

Postcode:

Telephone Home:

Telephone Work:

Mobile:

Email:

In what capacity do you know this group?

I can confirm that I know the applicant group. I have read the application and support the request for funding. I can be contacted to discuss the Project/Activity further and may be asked to give a written reference

Signature:

Date:

This section should be filled in by someone who knows you and your group and can support your application. They cannot be a member of your management committee, a volunteer or user of your group. An example could be a community development worker etc

If the application is for a Project/Activity working with children and young people the referee should be knowledgeable on child protection issues and be prepared to vouch that the group either has or is developing effective child protection procedures

6. Checklist - Please enclose the following:

<i>Governing Document containing a Dissolution clause, signed and dated</i>	
<i>Equal Opportunities Statement/Policy</i>	
<i>Children and Vulnerable Adults/Groups policy (if needed)</i>	
<i>Latest annual accounts or anticipated budget proposals for new groups</i>	
<i>Latest original Bank Statement (this will be returned) or photocopy of building society passbook</i>	
<i>Community consultation, feasibility study or other evidence of need which you have collected</i>	
<i>Quotes for items and services you are buying (if over £200)</i>	
<i>Separate sheet of detailed cost breakdown (but only if ABSOLUTELY NECESSARY)</i>	

Please note: Nottinghamshire Community Foundation will be undertaking a random audit of a number of groups, so please make sure that if your group is successful in gaining a grant, you keep all receipts and a record of the money you spend

Return your completed application form to:

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

Tel: 01623 620 202

Fax: 01623 620 204

Registered charity number 1069538

Company number 3410730

We will need you to include the following information (where appropriate) to enable us to assess your funding application. Please indicate with a tick, what information you are sending us. You can also use this as a check for yourself to make sure you are sending in all the information we need

Please Remember:

Check that the envelope containing your application has the correct postage applied to it (i.e. large letter pricing)

Take a copy of this application form and retain the copy for your records