**Shap Community Enterprise**

# Grant Application Form

Please fill in all relevant sections of the application form. We aim to make our application process as simple as possible but if you require support or clarification in answering any questions please contact D Newsome or Elaine Allison 01931 716771

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| --- | --- | --- |
| **About your organisation** | | |
| 1 | Name of your organisation |  |
| 2 | Contact Person |  |
| 3 | Position in the Organization |  |
| 4 | Address for Correspondence |  |
| 5 | Telephone Number |  |
| 6 | E-mail Address |  |
| 7 | Website Address |  |
| 8 | Charity or Company Number |  |
| 9 | Date Established |  |
| 10 | Status | Is the organisation a registered charity / registering as a charity / unincorporated association / limited company / self-help group / statutory body / development trust / other? |
| 11 | What is the main objective and activity of your organisation? |  |
| 12 | How many people are on your Management Committee? |  |
| 13 | What is the name of your bank account? How many people are required to sign cheques? | Name of Bank A/C?    No. of signatories required? |
| 14 | How many volunteers does your organisation have? |  |

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| **About your project or activity** | | |
| 15 | Name of the project or activity that you are applying for funding for?  (Maximum 10 words) |  |
| 16 | Is this a new project or activity? | Yes / No |
| 17 | Where will the project or activity take place? |  |
| 18 | When will the project or activity start? |  |
| 19 | What does the project or activity involve?  (Maximum 200 words) |  |

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| --- | --- | --- |
| 20 | Who will benefit from the project or activity?  (Maximum 50 words) |  |
| 21 | How many people will benefit from the project or activity?  (Maximum 25 words) |  |
| 22 | What difference will this project or activity make to the lives of those involved?  (Maximum 150 words) |  |
| 23 | What is the total cost of the project or activity you are applying for? | £ |
| 24 | If you are not applying for the full amount of the project or activity how will you make up the shortfall?  (Maximum 50 words) |  |
| 25 | What will happen to the project or activity once funding has finished?  (Maximum 100 words) |  |
| 26 | Supplementary information | Please attach any other information you think might support your application. |

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| **Project or activity budget** | | |  |
| 27 | Project costs  (Please tell us the total cost of your project or activity) | Item | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total project costs** | **£** |
| 28 | Other Income  (Let us know if you will get other funding towards your project or activity) | Funding Source | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total other income** | **£** |

|  |  |  |
| --- | --- | --- |
| 29 | What is the total funding you are requesting from us? | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents we require** | | |  |
| 29 | Please supply us with copies of the following documents  (If you are unable to do so, or they are in development please  detail below) |  | Enclosed |
| Your organisations **constitution or rules** | Yes / No |
| A copy of your **latest audited accounts** (or your latest bank account statement if you have no audited accounts available) | Yes / No |
| A copy of your **child protection and safeguarding policy** if you work with children and young people under 18 | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | |  | |
| 30 | A member of your management group or committee needs to sign this application | Signed |  |
| Print Name |  |
| Position |  |
| Date |  |

Please print out the completed application form, along with any supporting documents and return to

Elaine Alison, 2 Wasdale Flats, Shap, Penrith Cumbria CA10 3NH or

D Newsome Beech House, Shap, Penrith, Cumbria.

You can also drop it off at the Second Chance charity shop F.A.O Elaine Allison

Thank you.