

# **1. YOUR GROUP**





# COASTAL COMMUNITIES CHALLENGE

## COMMUNITY GRANT APPLICATION FORM

Please ensure you read the Guidance Notes before completing the Application Form

Name of your organisation

### ***Main contact person***

|                           |                      |
|---------------------------|----------------------|
| Title:<br>(please circle) | Miss / Ms / Mrs / Mr |
| Name:                     |                      |
| Position:                 |                      |
| Address:                  |                      |
| Telephone:                |                      |
| Mobile phone:             |                      |
| E-mail:                   |                      |

When did your organisation start?

What type of organisation are you? (Tick as appropriate) Please provide a copy of your set of rules or Constitution.

|                       |          |
|-----------------------|----------|
| A registered Charity? | Yes / No |
| Constituted group     | Yes / No |
| Other (please state)  | Yes / No |

Charity number

Please describe the overall aims and objectives of your organisation and the activities or services it provides (**Maximum of 150 words in total**).

### Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers):

|                              |  |  |  |
|------------------------------|--|--|--|
| Full time Staff /<br>Workers |  | Management<br>committee                          |  |
| Part Time Staff /<br>Workers |  | Volunteers (not incl<br>Management<br>Committee) |  |

Have you ever received grant funding before from us or any other funder in the last 2 years?

Yes/No

If so, please provide details

| Name of Funder/Year of grant | Reason for Grant | Amount |
|------------------------------|------------------|--------|
|                              |                  |        |
|                              |                  |        |
|                              |                  |        |
|                              |                  |        |

## **2. YOUR PROJECT**

What will you be using the grant money for? How will this benefit your group and the wider community? Tell us about the need for your

project (you will be unlikely to be awarded a grant if you cannot identify a need for it). Have you consulted with your local community? **(Maximum of 300 words in total)**

Please give us the timescale of your project

Start spending funds

Finish spending funds

In which area (estate, village, town) do most of the people who will benefit live?

Please tell us about the people or community accessing your services and the issues they face. (e.g. low income, lack of facilities, lack of opportunity). **(Maximum of 150 words in total)**

Will your project continue after the funding ends? If it will, how will it be funded? If not, why not?

Please outline the benefits or outcomes that you expect to achieve as a result of the funding (**Maximum of 150 words in total**).

### **3. BENEFICIARIES AND THEME**

Approximately how many people will benefit from the service/activities you provide?

—

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"/> | Older People |
| <input type="checkbox"/> | People with physical disabilities | <input type="checkbox"/> | People with Mental Health issues | <input type="checkbox"/> |              |
| <input type="checkbox"/> | Others (please state):            |                          |                                  |                          |              |
| <input type="checkbox"/> | All of above                      |                          |                                  |                          |              |

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 **(please tick one box only)**

|                          |                     |                          |                    |                          |                   |
|--------------------------|---------------------|--------------------------|--------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Sport & Leisure     | <input type="checkbox"/> | Health/Poverty     | <input type="checkbox"/> | Environment       |
| <input type="checkbox"/> | Childrens' Services | <input type="checkbox"/> | Crime              | <input type="checkbox"/> | Employment/Skills |
| <input type="checkbox"/> | Adult Services      | <input type="checkbox"/> | Community cohesion | <input type="checkbox"/> | Art & Heritage    |

Do you charge for the services you provide? If so, how much per session?

#### **4. PROJECT BUDGET**

How much money are you applying for?

Please provide details of costs for your project. 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) |
|---|---------------------|--------------------------|
| <b>Volunteer expenses</b>   |                     |                          |
| <b>Operational/activity costs</b><br>e.g. equipment or venue hire<br>food/refreshments<br>childcare |                     |                          |

|  |  |  |
|--|--|--|
| <b>Office, overhead, premises costs</b><br>e.g. rent<br>postage<br>telephone/fax<br>heating/lighting/water |  |  |
| <b>Capital costs</b><br>e.g. equipment costs   |  |  |
| <b>Publicity costs</b><br>e.g. designing and printing<br>publicity<br>material                             |  |  |
| <b>Other Costs</b><br>(please specify)   |  |  |
| <b>Total</b>   |  |  |

If the total of you project budget is higher than the amount requested, how much has been raised so far?

Total cost of your project

Amount requested from us

Balance

How has the balance been raised?

Have you, or do you intend to apply to another funder for a grant towards the cost of this project? If so, please provide details (when you applied and when a decision will be notified).

|        |
|--------|
| Yes/No |
|--------|

**5. BANK DETAILS**

Account Name:

Bank / Building  
Society:  
Bank / Building  
Society address:

|  |
|--|
|  |
|  |

Sort Code:

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Account No

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**How many cheque signatories are required?**

**6 SIGNATURE OF APPLICANT**

Organisation Chair, Secretary or Treasurer

Signature

*please sign*

Name

*please print or*

*type*

|  |
|--|
|  |
|  |
|  |

Dated:

**Checklist, have you enclosed:**

This signed and completed application form?

Any additional papers you used to answer the questions above?

Your organisation's set of rules/terms of reference/constitution?

Names, addresses and roles of your management committee?

Your last set of annual accounts and a copy of a recent bank statement.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**What next?**

Please ensure that you have completed all sections of the application form, have the enclosures ready (see the above checklist) and then send to:

Sue Fortune:

Lincolnshire Community Foundation,  
4 Mill House, Carre Street,  
Sleaford Lincs. NG34 7TW

T - 01529 305825 sue.lincolnshire@btconnect.com