

CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

www.consolidatedcharityburton.org.uk

**GRANT APPLICATION FORM
FOR ORGANISATIONS**

Completed forms should be returned to: -

Mr. J P Southwell
Clerk to the Trustees
Consolidated Charity of Burton upon Trent
1st Floor, Gibraltar House
Crown Square
First Avenue
Burton upon Trent
Staffordshire
DE14 2WE

Tel: 01283 527067

Fax: 01283 507969

email: clerk@consolidatedcharityburton.org.uk

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GUIDANCE NOTES FOR APPLICANTS

1. The area of benefit of the Charity is the town of Burton upon Trent together with the neighbouring parishes of Branston, Stretton and Outwoods. Applications will only be considered from organisations which demonstrate that they benefit the residents of the area.
2. Please complete in **BLOCK CAPITALS** and **BLACK** ink.
3. Please ensure the form is fully completed and signed. Incomplete forms will be returned to the applicant. Do not provide additional information as a substitute for completing each section of the form.
4. Be clear and precise when describing the project for which funds are being sought. You must be able to demonstrate that the project will be for the public benefit.
NB It is current policy not to award grants to fund salaries.
5. Please state clearly both the total cost of the project and the amount of the grant you are applying for. You should detail what the money will actually be spent on.
6. Where applicable, a minimum of two quotes should be provided (from local suppliers where possible).
7. Your latest set of audited or independently examined accounts must be provided. New ventures should provide a business / project plan and budget.
8. You must provide a copy of your organisation's governing document, rules or constitution.
9. Applications will be acknowledged within 7 working days of receipt.

If your application is successful you will have to agree to the following terms and conditions before payment of the grant will be made;

- A. You should give recognition to the funding from the Consolidated Charity of Burton upon Trent wherever appropriate.
- B. A representative of the Consolidated Charity should be invited to a relevant promotional activity.
- C. You must co-operate with any requests for further information arising from the Charity's grant monitoring procedures.

For office use only
Date keyed
Ref No /

GRANT APPLICATION FORM
for Organisations

1. ORGANISATION NAME

ADDRESS

.....

..... POSTCODE

Registered Charity Number (if applicable)

VAT Number (if applicable)

2. NAME OF APPLICANT

Position in Organisation

Address

.....

..... Postcode

Telephone No Fax No

Email

3. PROJECT SUMMARY

Project Title

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Timescale for delivery

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Total Project Cost

Amount requested from the Consolidated Charity

4. ABOUT YOUR ORGANISATION

Describe the aims, objectives and activities of your organisation

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To whom is your organisation open ?

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Is membership restricted in any way ?

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Please provide details of membership fees and/or subscriptions

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What other similar organisations operate in the Charity's area of benefit, and what do you offer that they do not?

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If your organisation did not exist what would be the effect in the area?

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6. OUTCOMES

How will you measure the outcomes to see if the project is successful in meeting its objectives ?

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If this project is unsuccessful or does not proceed what will be the effect on your organisation and on the residents in the area ?

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7. FINANCIAL DETAILS

Total Project Costs

Please give a precise breakdown of all of the costs of the project eg. equipment, hire of facilities, extra staff, other professional costs, advertising, etc.
[This should add up to the total cost of the project in Section 3]

	£ NET	£ VAT	£ TOTAL
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.....
.....
	TOTAL

Amount of Grant Requested

How much are you requesting from the Consolidated Charity and what would you intend to spend this sum on ?
[This should add up to the amount requested in Section 3]

	£ NET	£ VAT	£ TOTAL
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	TOTAL

8. OTHER INPUTS

Please give details of any non-financial contributions including volunteer's time you expect to receive towards this project.

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9. DECLARATION

When you have completed the application please arrange for the Chairman or Chief Executive of your organisation to sign this declaration.

I confirm that this application has been approved by my organisation's board or managing committee. To the best of my knowledge the information provided on this application form is correct. If the Consolidated Charity of Burton upon Trent agrees to make a grant this will be used exclusively for the purpose(s) described in the application.

I agree to the Consolidated Charity making any enquiries in connection with this application.

Name

Position in organisation

Signed Date

Please return the signed application form and supporting documents before the closing date to;

Mr J P Southwell
Clerk to the Trustees
Consolidated Charity of Burton upon Trent
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