

CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

www.consolidatedcharityburton.org.uk

GRANT APPLICATION FORM FOR ORGANISATIONS

Completed forms or queries should be sent 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

APPLICATIONS MUST INCLUDE THE FOLLOWING:

Most recent set of accounts prepared and approved, or management accounts where applicable.

A copy of your organisation's governing document, rules or constitution.

Quotations for the items required (minimum two quotes, local suppliers if possible.)

IF ANY OF THE ABOVE BOXES ARE NOT TICKED, THERE MAY BE A DELAY IN THE PROCESSING OF YOUR APPLICATION

APPLICATIONS WILL BE CONSIDERED AT TWO MAIN COMMITTEE MEETINGS PER YEAR ONLY

Data Protection Statement: it is part of the Trustees' responsibilities to ensure that grant applicants are suitably qualified under the terms of the charity's governing document. The personal data supplied on this form and other information relating to the application will be held on file. **Some details may be checked with relevant organisations since the charity reserves the right to investigate and verify what you write in this form,** but no details will be disclosed for any inappropriate purpose. You may have access to your information on request.

CONSOLIDATED CHARITY OF BURTON UPON TRENT

Registered Charity No 239072

GUIDANCE NOTES FOR APPLICANTS

1. The area of benefit of the Charity is the town of Burton upon Trent or the neighbouring parishes of Anslow, Barton-under-Needwood, Branston, Brizlincote, Dunstall, Hanbury, Stretton, , Rolleston-on-Dove, Tutbury, Tatenhill and Rangemore and the existing civil Parish of Outwoods including South 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.
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 or management accounts.
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.
10. Applications for retrospective grants will not be considered by the Trustees unless evidence can be provided of extenuating circumstances.

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. You must co-operate with any requests for further information arising from the Charity's grant monitoring procedures.
- C. You should be capable of demonstrating a clear benefit to the residents of the area of benefit arising as a result of a successful application.

CONSOLIDATED CHARITY OF BURTON UPON TRENT

**GRANT APPLICATION FORM
for Organisations**

For office use only
Date keyed
Ref No /

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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5. ABOUT YOUR PROJECT OR ACTIVITY

Please describe the project or activity for which you require assistance and how it will benefit the public, ie. what will the project do ... what evidence do you have that the project is needed ... who and how many people will benefit ... how will it be delivered ... how will it be managed, etc ?

NB. It is current policy not to fund salaries with the exception being when this applies to the delivery of projects.

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6. OUTCOMES

How will you measure the outcomes to see if the project is successful in meeting its objectives , in particular how many people is it envisaged that the project will assist?

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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

Other Sources of Finance

Please provide a breakdown of all applications for funding from other sources.

AMOUNT	FUNDING SOURCE	STATUS
£	YES / NO / PENDING
£	YES / NO / PENDING
£	YES / NO / PENDING
£	YES / NO / PENDING
£	YES / NO / PENDING
£	YES / NO / PENDING

Your Organisation's Own Financial Contribution

Please indicate the maximum financial contribution that your own organisation would be willing or able to make to this project and explain why you are asking for financial assistance from the Consolidated Charity.

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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 for the attention of Mr J P Southwell, Clerk to the Trustees to the address on the first page of the application.