

Please consult the notes and grant guidelines on the Trust's website before completing this form.



Charity Registration Number 1098235

(Trust use only)
Objective

Date received

Reference:

Application for a Main Grant - Stage 2 form

Section A: Summary

1) About your Organisation

Name of Organisation applying for grant:	
If this Organisation is part of a larger or national organisation, what is its name:	
Address for correspondence:	Is this address? (please click and select)
Postcode:	
Contact Person	Position
Tel (Day):	Tel (Eve):
E-mail:	Fax:
Web site: www.	Mobile:
Legal status of organisation:	
If a registered charity, number:	Year Organisation established:

2) Request for funds

a) Purpose for which funds are requested: (20 words maximum)(<i>this is the title of your project and will be used in our records to describe your project</i>)			
b) How many years' funding is requested?			
Grant Requested	Year 1: £	Year 2: £	Year 3: £
Total Grant Requested = £			
(for grant applications over £20,000 we will need a copy of your organisation's financial controls document)			

Section B: Details of the organisation applying for a grant

1) Aims of organisation

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2) Main activities of organisation

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3) Number of staff / volunteers

Full time (paid)	Part time (paid)	Management Committee	Active volunteers

4) Property occupied by organisation

Is the property owned, leased, rented?	If leased, how long is the outstanding lease?
(please select)	

5) Protection of Children/Vulnerable People

<p>If your organisation works with children or vulnerable people, please indicate how it complies with requirements relating to Criminal Records Bureau enhanced checks.</p>
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6) Finance

Please attach copies of your organisation's audited accounts for the last two years.

From your organisation's most recent annual accounts, complete the following:					
Financial year ended		Month: Please click and select		Year: Please click and select	
Total Income		Total Expenditure		Total Reserves	

7) Material changes

Describe any material changes to the organisation's activities, structure or financial position since the date of the most recent accounts:

8) Previous funding received

Please list all funding received by your organisation from the following sources during the last THREE years:				
(i) London Borough of Hillingdon -Paradigm		(ii) Hillingdon Primary Care Trust		
(iii) Central government departments		(iv) London Councils' Grant Scheme		
(v) Big Lottery		(vi) Any other funding		
Source	Year			Total Received
	07/08	08/09	09/10	
Total				

Section C: Details of grant request

Purpose / explanation (please describe)

<p>1) What is this grant funding needed for?</p>
<p>2) How do you know the project is needed? (please include any available supporting evidence, details of current situation and indicate how you know there is for the project from the local community)</p>
<p>3) Why is your organisation the most appropriate one to deliver the project?</p>
<p>4) Do you anticipate working with other voluntary or community groups in the Trust's area in delivering this project? If so, which ones?</p>

5) How, where and when the project will be delivered?

6) Describe how the project will meet the Trust's main funding priorities:

a) What impact will the project have on residents in the Trust's area? *(it would be helpful to the Trustees in assessing your application if you also attach a separate sheet setting out expected outcomes and suggested targets to be achieved in each year of the project for which you are applying for funding from HCT)*

b) How will the project address social need and deprivation in the Trust's area?

c) How will the project strengthen the local community and voluntary sector?

d) If your application is successful, do you anticipate that this grant will help you to bring in funds from other sources? What do you anticipate these sources will be?

e) How will you publicise the project?

7) Risk and other factors which may affect your ability to deliver the project

a) What are the risks/ potential problems that may affect your ability to deliver the project and how will you mitigate these?

b) Do you require any permissions or other statutory consents before the project can proceed? (e.g. Ofsted registration, landowner agreement, planning permission etc).

If so please give details, including the anticipated timescale;

c) Will there be a long term legacy from this project? Describe how your organisation intends to sustain the benefits achieved by the project after Trust funding is complete? (e.g., Who will meet maintenance and other revenue costs in the future? Are these arrangements agreed in writing?) If so please give details and attach copies.

8) Beneficiaries

a) Where is your organisation based?

b) Where will the project /activity be located?

c) How many people are expected to benefit over the period of the grant?

d) How many of these people come are resident in the six wards covered by the trust.

e) From which wards will the local beneficiaries come?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Botwell | <input type="checkbox"/> Townfield | <input type="checkbox"/> Pinkwell |
| <input type="checkbox"/> West Drayton | <input type="checkbox"/> Yiewsley | <input type="checkbox"/> Heathrow Villages |

f) What age group will benefit?

- | | | |
|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Young people | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> All | <input type="checkbox"/> Not known |

g) Which ethnic groups will benefit?

Asian or Asian British	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
European	<input type="checkbox"/>	Mixed Heritage	<input type="checkbox"/>
White	<input type="checkbox"/>	Chinese or Chinese British	<input type="checkbox"/>
Any other group	<input type="checkbox"/>	Not known	<input type="checkbox"/>

h) How will the project cater for people with disabilities?

i) What proportion of the beneficiaries will be people with disabilities? %

9) Project Costs

Please list <u>all</u> of the project costs. Please indicate which costs are to be funded 100% by HCT, which part funded by HCT and which costs are to be met from other sources	Funding Source	Year 1 £	Year 2 £	Year 3 £	Total £
Capital costs					
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
Revenue costs					
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
	(Please Select)				
Total Project Cost					

10) Sources of Project Funding

a) Please list your sources of funding	Is this source confirmed?	Year 1 £	Year 2 £	Year 3 £	Total £
Hillingdon Community Trust	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
	Yes/No				
Total funding from all sources					

<p>b) For each funding source which is not confirmed, please give the dates when you expect to hear if your application has been successful.</p>	
<p>c) Proposed start date for project</p>	<p>d) Approximate date when Trust funding will be required</p>

11) Monitoring and Review

<p>How will you review and measure the success of this project? What evidence will you be able to show to the Trust to demonstrate the value of the project?</p>
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Section D - Bank/Building Society Details

This part of the form is required for all applications.

Name of bank:	Sort code:
Address of branch:	Post code:
Account in the name of:	Account no:
How many signatories are required for each cheque payment or withdrawal from the account?	
Are any of the signatories related? If yes, please explain relationship	

Please attach a cancelled specimen cheque for this account or a copy bank statement to your first application for funding to the Trust so that we can verify account details.

The following information is required with all applications except those from schools, health bodies and similar statutory bodies. If you are in any doubt about completing this section of the form, please contact Hillingdon Community Trust on 0208 581 1676.

Please give details of all signatories to cheques or withdrawals from this account. Continue on a separate sheet if necessary.

Full name Home Address (including postcode) Position in organisation
Full name Home Address (including postcode) Position in organisation
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Section E - Declaration by the Chair, Treasurer or Chief Executive on behalf of applicant organisation.

I,		am Chair
(please give name of organisation)		
<p>To the best of my knowledge, all the information that I have provided in this application form is correct.</p> <p>I agree that as a necessary part of the application process, Hillingdon Community Trust will be collecting information about my organisation, including personal data. Hillingdon Community Trust obtains such information as part of the process of assessing grants and for monitoring the use of those grants. From time to time the Trust will share the information with other grant providers, trusts, statutory bodies and external auditors and other suppliers. In usual circumstances your records will be kept for 10 years. I agree that by signing this declaration I give my explicit consent to Hillingdon Community Trust to use the data as outlined above.</p>		
I am happy to be contacted by email about the outcome of this application Yes/No - Select		
Signed:		Date:

Checklist of information submitted to Hillingdon Community Trust

Please make sure that you have done the following:

- Answered all the questions on the form in the spaces provided ensuring all text is visible.
- Filled in your organisation's bank details and signed page 11 above.
- Returned the completed application form together with the following:
 - a copy of your organisation's signed constitution*
 - a list of the members of your management committee*
 - a copy of the minutes from your last three management committee meetings
 - for applications for funding over £20,000 a copy of your financial controls document*
 - a copy of the organisation's signed **audited** accounts for each of the last two years produced not later than 10 months after the end of your financial year as required by the Statement of Recommended Practice (SORP)*
 - a copy of an income/expenditure projection for the organisation for the current financial year, distinguishing clearly between income which has already been confirmed and income which is anticipated.
 - a copy of your organisation's Child Protection Policy for all grant application relating to organisations/projects working with children or young people*
 - A copy of your policy on protection of vulnerable people (if this project will involve working with vulnerable people)*
 - a cancelled specimen cheque or equivalent proof of account details*
- Retained a copy of the completed application form
- emailed a copy of this form to: info@hillingdoncommunitytrust.org.uk
- Use correct postage** to ensure that your form reaches us safely. Don't forget to check the size of the package, as well as the weight! (Applications frequently reach us after grant deadlines because of insufficient postage)

****(there is no need to resend this if you have already provided a copy for an earlier application and it has not changed)***

Return the completed form to: Hillingdon Community Trust, Barra Hall, Wood End Green Road, Hayes, Middx UB3 2SA