

Please ensure you have read the accompanying notes before completing this form



Application for a Small Grant

(office use only)
Objective

Date Received:

Reference

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:				Postcode:	
Is this address:					
Organisation's office		<input type="checkbox"/> Your home address		Other (please specify):	
Contact Person			Post held		
Tel: (Day)		(Eve)		Fax:	
E-mail:			Web site: http://www.		
Legal status of organisation:					
If registered, please give charity, number:				Year Organisation established:	

2 Request for funds

Purpose for which funds are requested: <i>(20 words maximum (this is the title of your project and will be used in our records to describe your project))</i>	
Amount Requested from Hillingdon Community Trust	£

Section B: Details of Organisation applying for grant

3 Aims of Organisation – as described in your Constitution

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4 Main activities of Organisation

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5 Number of People involved in running your organisation

Full time: (paid staff)	Part time: (paid staff)	Committee Members	Active volunteers:

6 Property occupied by Organisation

Is the property owned, rented or leased?	If you want a grant to improve a property, you should own or lease it. If leased how long is the outstanding lease?
(please click and select)	

7 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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8 Finance

Please attach a copy of the organisation's accounts for the two most recent years. If you are a newly formed organisation, please attach a budget for your first year of operation.

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	
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9 Material changes

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

10 Grants received by your Organisation during the last TWO years

For each grant, please detail the funder's name, the grant purpose, the date, the amount and how much (if any) is unspent.

Section C: Details of grant request

11 Purpose

What is the funding needed for?
How do you know the funding is needed?
What will you achieve with the grant?
How, when and where will the funding be used?
How will the project address social need in the Trust's area?

If any planning or other statutory consents (for example registration under The Children Act) are required for the project to proceed, what stage have they reached?
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12 Beneficiaries

Where is your Organisation based?			
Where will the project /activity be located?			
How many people are expected to benefit within the first 12 months of the grant being paid?			
How many of these people come are resident in the six wards covered by the trust?			
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	
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	
What will the ethnic grouping of the beneficiaries be?			
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"/>
How will the project cater for people with disabilities?			

13 Funding required for the project

<p>What is the total cost of the proposed activity/project? (List main expenditure headings and amounts)</p>
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What income has already been raised? (List amounts and main sources)

What other funders are currently considering the proposal and when do you expect to hear the outcome?

When will funding be required?

14 Monitoring

How will you make sure the grant is used well?

What documentation will you supply to show the grant has been spent?

Section D: Referee's declaration

You need complete this section for your first application for funding to Hillingdon Community Trust only

If your organisation has not applied for funding in the past, your application should be endorsed by a referee who knows the work of your organisation but is **independent** of it. This could be a local councillor, your MP or an officer of your local Council for Voluntary Services, Volunteer Bureau, local authority or umbrella body. It may **not** be a member of your Committee, someone who uses your services or a member of your family. Please ensure you select someone who is easily contactable.

14 Independent Referee

Name:	
Occupation:	
Address:	
Postcode:	
Daytime Tel:	Fax:

How long have you known the applicant organisation?
In what capacity do you know the applicant organisation?
<p>Referee's Statement:</p> <p>I confirm that I have known the organisation and the work it undertakes for (insert period of time in months/years). In my view, the work is valuable and of good quality and as far as I am able to tell the organisation has adequate management in place to enable it to use effectively the grant for which it is applying. I have read this application and support the grant request. I am willing to discuss the application further if required.</p> <p>Signed _____ Date: _____</p> <p>Print Name: _____</p> <p>Telephone number: _____</p>

Section E - 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
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Section F - Declaration by the Chair, Treasurer or Chief Executive on behalf of applicant organisation.

I,

am an authorised representative of

(please print name, address and telephone number of organisation)

within which I am

To the best of my knowledge, all the information that I have provided in this application form is correct.

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.

I am happy to be contacted by email about the outcome of this application Yes/No - Select

Signed:

Date:

Checklist – please tick

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 9.
- 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
 - 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*
- email a copy of this form to: info@hillingdoncommunitytrust.org.uk
- Retained a copy of the completed application form
- 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