

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



(office use only)

Date Received:

Reference

## Application for a Small Grant

### 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		<input type="checkbox"/>	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

Under which of the Trust's priorities are you applying? Please select <b>one</b> from menu box: <b>(please click here to select priority)</b>
Purpose for which funds are requested: <i>(20 words maximum)</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 Finance

Please attach a copy of the organisation's accounts for the two most recent years, unless you are a newly formed organisation.

From your organisation's most recent annual accounts, complete the following:

Financial year ended

Month:  
(please click and select)

Year:  
(please click and select)

<b>Total Income</b>		<b>Total Expenditure</b>		<b>Total Reserves</b>	
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## 8 Material changes

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

## 9. 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

### 10 Purpose

Describe what you want the grant for and why it is needed. Outline what you want to achieve with the grant.

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?

## 11 Beneficiaries

Where is your Organisation based?			
Where will the project /activity be located?			
How many people are expected to benefit over twelve months?			
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? If possible, please give % where appropriate (whole percentages only)			
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?			
What proportion of the beneficiaries will be people with disabilities?			%

## 12 Funding required for the project

What is the total cost of the proposed activity/project? (List main expenditure headings and amounts)
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When will funding be required?

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?

### **13 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, organisation's bank details and the terms and conditions of grant

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 should **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?	
<b>Referee's Statement:</b>	
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. I have read this application and support the grant request. I am willing to discuss the application further if required.	
Signed	Date:
Print Name:	
Telephone number:	

## 15 Terms and Conditions:

### We understand and agree that:

1. The grant is made only for the purposes as agreed by the Trust and awards are based upon the information supplied in your application. Grant holders must request the Trust's permission before implementing any variations. The Trust reserves the right to claim back any grant or part of a grant which has not been used for the purposes agreed. Organisations **must** inform the Trust of any underspend in a grant and any decision to claim back the grant or any part of a grant shall be at the sole discretion of the Trust.
2. Organisations must keep proper and up-to-date records and accounts that show how the grant is being used. The financial records should be available to representatives of the Trust for inspection at reasonable notice.
3. Grants should be spent within one year of being awarded. A report on how the grant has been spent and what has been achieved will be required. A monitoring form for this purpose will be supplied.
4. Signed annual accounts showing the grant must be sent to the Trust within 9 months of the end of the organisation's financial year.
5. Grant holders must obtain the prior written consent of the Trust before disposing of any capital equipment as repayment of all or part of any proceeds of the disposal or sale may be required in such circumstances. This will apply for a period of two years after the grant has been made.
6. The Trust normally expects grant holders to acknowledge its support wherever appropriate and can supply a logo for this purpose. Organisations must acknowledge the support of the Trust in their Annual Report.
7. Organisations will be expected to repay grants if they are found to have acted fraudulently or negligently. Any decision to claim back the grant or any part of the grant shall be at the sole discretion of the Trust.
8. Grants will be paid by direct credit transfer to your organisation's bank account. A cancelled specimen cheque, or equivalent proof of account details, must be provided with your application form.
9. The grant is for the sole use of your organisation and must not be given, or transferred, to any third party.
10. Any grant awarded cannot be used to pay for expenditure incurred or committed prior to the date of the grant notification letter.

## 16. Bank/Building Society Details

Name of bank:	Sort code:
Address of branch:	Post code:
Account in the name of:	Account no:

- check that you have enclosed a cancelled blank specimen cheque from this account or a photocopy of a passbook/statement verifying the details above if it is not a cheque account
- tick to confirm that withdrawals from this account require at least two signatures

## 17. Declaration

### Declaration by the Chair or Treasurer on behalf of applicant Organisation

I,	am an authorised representative of
	<b>(please print name, address and telephone number of organisation)</b>
within which I am	
<b>To the best of my knowledge, all the information that I have provided in this application form is correct and that I have read the Trust's Standard Terms and Conditions and accept these on behalf of this organisation.</b>	
<b>I also confirm that I give permission to Hillingdon Community Trust to use personal information supplied in the processing and review of this application and that I understand that information I have provided will be stored electronically and in hard copy where appropriate. I also confirm that personal data on any individual in this application has been provided with their consent.</b>	
<b>I am happy to be contacted by email about the outcome of this application Yes/No - Select</b>	
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](mailto:info@hillingdoncommunitytrust.org.uk)
- Retained a copy of the completed application form

*\*(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**

### Please

1. **Do not send applications by fax** - as we cannot process faxed applications
2. **Send all the information in the checklist and ensure that you and your independent referee have signed and dated this form**
3. **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!