



APPLICATION FORM

REF:

The information on this form will help us process your application. There are help notes available for each question, but if you need advice please telephone 01749 344949. **Please write clearly in black.**

ABOUT YOUR ORGANISATION

Q1 Contact Details

Name of the organisation

Address of the organisation

	Post Code:

Main contact *(This should be a person closely involved who can discuss the application)*

Name

Position held in the organisation

Contact address (if different from above address)

	Post Code:

Daytime phone number

E-mail address

Q2 Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

Q3 Do you have a Constitution or set of rules?

Yes

No

Q4 When did your group start?

Q5 What does your group/organisation do and who does it help?

Q6 Have you every received grant funding before from this or any other funder?

Yes No

If yes, when did you receive this funding?

Q7 In which district of Somerset does your group operate?

Mendip

South Somerset

West Somerset

Taunton Deane

Sedgemoor

Q8 How many people are involved in running your group?

Management Committee members

Full time staff

Part-time staff

Volunteers

ABOUT THE PROJECT/ACTIVITY

Q9 Please describe the project/activity you would like to be funded

Q10 Is this for new work, or to continue funding existing work?

New work Existing

Q11 When will the project start?

When will it finish?

Q12 How much are you applying for?

Please give a detailed breakdown of your project costs in Appendix A attached.

Have you applied, or are you applying to more than one Local Funder for a Grassroots Grant?

Yes No

Please note that you cannot receive more than £5,000 from Grassroots Grants. If you receive more than £5,000 from one or more Local Funders you will have to return all Grassroots Grants funding over £5,000 to the relevant Local Funder(s).

Q13 What is the need for your project and why is this important to your community?

Q14 How many people will benefit from the activity? Age range

Q15 Please indicate below the ethnic origin of people who will benefit from your grant. Please tick all that apply.

White

British
Irish

Other white (please write in)

Black or Black British

Caribbean
African

Any Other Black background (please write in)

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other dual ethnicity (please write in)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please write in)

Other Ethnic Group (please write in)**Q16** How will you monitor the project and know if it has been a success?**Q17** Please state your income and expenditure for:
NB: Income figures should include all incoming resources including funding for capital projects.

	Income	Expenditure
2008/9	£	£
2007/8	£	£
2006/7	£	£

Q18 Your bank account

Account Name	
Bank/Building Society Name	
Account Number	
Sort Code	

How many signatures do your cheques require?

Q19 May we give your group's contact details to the press, TV and radio? Yes

No

REFEREE NB: This section should be completed by someone who is not involved in your group but who knows about your work and is willing to be contacted for a reference. Please give e-mail details where possible to keep paper use to a minimum and in order that the application can be processed speedily.

Name	Tel No
Address	
	Post code
	E-mail address

I confirm that I know the applicant, have read the form and am willing to be contacted for a reference.

Signed:	Occupation:
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DECLARATION

I am authorised to make the application on behalf of the above organisation

I confirm that the information contained in this application is correct and that if a grant is awarded it will be used only for the purpose stated.

Signed:	Date:
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Checklist

We cannot process your application unless you have:

- Answered every question
- Signed the form
- Enclosed your organisation's set of rules/constitution
- Enclosed your most recent accounts/bank statement
- Enclosed the list of names and addresses of your management committee
- Enclosed a copy of your child protection/vulnerable adults policy) if appropriate

REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Please send your completed form and enclosures to:
**SOMERSET COMMUNITY FOUNDATION, YEOMAN HOUSE, ROYAL BATH & WEST SHOWGROUND
 SHEPTON MALLET, SOMERSET BA4 6QN**

Email: info@somersetcf.org.uk website: www.somersetcf.org.uk

Registered Charity No. 1094446

APPENDIX A: BUDGET FOR THE ACTIVITY

In the table below please give a breakdown of the total cost of your project. If any of your costs do not fit into these headings, please list them in 'other costs'.

	Description	Total Cost £	Funding secured £	Source of funding	Amount requested from SCF £
Staff and volunteer costs, eg salaries					
Operational/activity costs eg equipment or venue hire, refreshments, childcare					
Office, overhead, premises costs eg rent postage telephone heating/lighting					
Capital costs eg computer equipment photocopier					
Other costs					
TOTAL					