# Longhurst Group community grants fund

Application form

**Please read the** [**funding guidance notes**](https://www.longhurst-group.org.uk/community-grants-fund/community-grants-fund-application-guidance-notes/) **before completing your application.**

Please ensure that you answer all the points fully, keeping to the word count indicated to enable applications to be fairly assessed. If you have any questions about the application, please email communitygrants@longhurst-group.org.uk

|  |
| --- |
| **Organisation details** |
| Name of organisation: |  |
| Your name: |  |
| Your telephone number: |  |
| Your email address: |  |
| Your position at the organisation: |  |
| Full address of organisation |  |
| Organisational status: |  |
| Organisation registration number and date: |  |
| Annual turnover for last financial year: |  |
| Total number of staff, including management committee | Staff:Management Committee: |
| Please provide a brief description of your organisation (max. 50 words) |

|  |
| --- |
| **Due diligence** |
| Potential recipients of funding are required to complete the following to confirm that they hold the required documents. Please note, if your funding application is successful, you’ll be required to provide copies of these.  |
|  | Please answer **Y**, **N** or **N/A** against each document type to indicate whether you can provide this information upon request. |
| A copy of your Governing Document |  |
| A copy of your most recent annual accounts, record of income and expenditure, or, for groups in operation less than a year, a spending plan and last three most recent bank statements |  |
| A copy of your Safeguarding policy for working with children under 18 and/or vulnerable adults |  |
| A copy of your Health and Safety policy |  |
| A copy of your organisation's in-date Employer and Public Liability insurance documentation | Employer amount: £Public amount: £  |
| A list of members of your management committee / board of trustees |  |
| A copy of your Risk Assessment and COVID-19 Secure Delivery Risk Assessment.  |  |
| Copy of bank statement in the name of the constituted group  |  |

|  |
| --- |
| **Eligibility for funding** |
| Please explain how any funding for your project/activity would meet the required criteria, as set out in the guidance notes |
| Geographical location/s of where funding will be used:Please refere to the guidance notes for a list of geographical areas in which we operate |  |
| Please describe how the use of the funding would meet at least one of the funding priorities? (max 100 words) |
| Please describe how the use of the funding would help to support and meet our strategic outcomes? (max 100 words) |
| Please detail which of the priority groups the funding would support and how you intend to engage with them? (max 75 words) |

|  |
| --- |
| **Use of funding** |
| If your application is successful, funding would be allocated before the end of March 2022. Please state when you expect usage of the funding to start and end: | Start date:End date: |
| Estimated total number of people to benefit from the funding: |  |
| Is this for a specific project/service or continuation/expansion of an existing project/service? |  |
| Summary of how and what the funding would be used for: (max 100 words) |
| Summary of the aims and objectives that would be achieved with this funding: (max 75 words) |
| What are the planned outcomes of the funding? (max 75 words)   |
| Is there any additional wider social impact that you think your project/activity will have as a result of this funding? (max 50 words) |
| What is the demonstrable need for the project/service? (max 100 words) |

|  |
| --- |
| **Expenditure**  |
| Please provide details of how the funding will be spent. Please see eligibility criteria for details of what we can and can’t provide fund for. |
| **Expenditure item/activity** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total funding:** | **£** |
| **Sustainability** |
| Please describe how the work will be sustained after the end of funding (max 50 words) |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| **Signature** |
| I hereby confirm the information supplied on this application form is correct Signature:Name:Position: |  |

Please email your completed application form to: communitygrants@longhurst-group.org.uk |
|  |
|  |
|  |
|  |
|  |