

Grant Application Form



Application Number
OFFICE USE ONLY

USE OF PERSONAL INFORMATION

Your right to privacy is very important to us. We take the security of your information seriously and have strict policies and processes in place to ensure it remains safe. Our Privacy Policy describes the way we collect your information, how we may use it and who we share it to and obtain details from. You can view our privacy statement at www.lubscharitablefoundation.org

1. What is the name of your organisation?

2. When was your organisation formed?

3. Is your organisation a registered charity?

Yes: No: If 'Yes', please state registered charity number:

4. a) What is the primary role/activity of your organisation and at what location are the activities carried out?

4. b) Does your organisation own the building at which the activities are carried out?

Yes: No: N/A:

5. Is your organisation affiliated to a national organisation or body?

Yes: No:

If 'Yes', please state the nature of the relationship and the degree of local autonomy that your organisation has:

6. What geographical area is covered by the work of your organisation?

7. Please give details below of the project or items for which you are seeking funding. For EACH project/item please include number of people who will benefit directly and indirectly, the short and long term benefits it will deliver and, a FULL BREAKDOWN of the costs involved, including any VAT where applicable.

If additional space is needed, please attach a maximum of 1 sheet of A4 paper, labelled '7A'

8. What is the total amount of funding you are applying for?

£

9. Does your organisation have the means to match-fund* up to 50% of the total amount applied for?

Yes: No:

**Match-Funding means that we will pay 50% of the value of the item(s) purchased. As an example, if the award granted was up to £500 and the goods purchased amount to £980, we would pay you £490.*

10. What time scales are associated with the completion of this project/purchase of the items required?

11. Your Organisation - all questions MUST be answered:

a) How many people are on the management committee?

b) Please provide full names and dates of birth:

c) How many full-time paid staff do you employ?

d) How many part-time paid staff do you employ?

e) How many volunteers do you have? (approx.)

f) Total income for the last financial year:

£

(Please attach Annual Financial Summary if applicable)

g) Total expenditure in the last financial year:

£

(Please attach Annual Financial Summary if applicable)

h) Current unrestricted reserve or savings:

£

(These are unallocated funds, available for the organisation to spend at its discretion)

i) Current 'earmarked' reserve or savings:

£

j) Purpose of 'earmarked' funds:

12. If funding for your project was granted, what opportunities would there be to promote both your organisation and the work of the Leek United Charitable Foundation?

13. Contact Details (use block capitals)

Contact name:

Position in organisation:

Contact address:

Postcode:

Daytime telephone number:

Mobile number:

Email address:

14. Declaration

I am authorised to make this application on behalf of the above organisation.
I certify that the information contained in this application is correct to the best of my knowledge. If the information in the application changes in any way I will inform the Foundation immediately. If an award is granted, I give my permission for the Foundation to use my organisation's name to promote its work.

Signature:

Date:

Please send your completed Grant Application form to applications@lubscharitablefoundation.org
We will notify you in writing on the decision of your application. Please note this may take up to three months.

