

APPLICATION FORM



Part one – About your organisation

Organisation/Group Name

Address

Postcode

Contact Name

Position

Telephone No

Email Address

Website

Type of Organisation (charity, voluntary etc.)

Charity number, HMRC Gift Aid Number etc

When was your organisation set up?

Day Month Year

What does your Organisation do?

Who and how many, have benefited from your services/activities in the last 12 months?

Track Record: What have you achieved and what impact has your work had on the local community?

How do you currently generate income for your group?

Part two – About your project

Title of Project

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Project Timetable

Start Date:

End Date:

Project Description

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Project Objectives

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Part two – About your project continued

Beneficiaries

Monitoring and Evaluation

Part three – Financials continued

Bank or Building Society Name

Address

Postcode

Account Name

Account Number

Sort Code

How long have you banked with them?

Please attach your most recent Accounts or Financial Statement

Tick Copy Attached

Part four – Referees

Please give the name of two referees

Name

Company

Address

Postcode

Telephone

Email

How long have they known you?

In what capacity?

Part five - Supporting documentation

Please ensure that you have attached the following documentation.

- Tick attached **Evidence of Organisation Status**
- Please include a copy of your certificate of incorporation from Companies House, Charity Registration Certificate, HMRC Tax Exemption Certificate or proof of your organisations purpose and/or activities.
- Tick attached **Memorandum and Articles of Association or Signed Constitution**
- We require the set of rules by which you run your organisation. We would like to know how it operates, how many people make up your committee, how often they meet and who can sign cheques on your behalf.
- List of Office Bearers**
- A full list of names, addresses and positions of all members of your management committee.
- Independently Examined Accounts or Financial Statement**
- These should cover a 12 month period and must be your most recent annual accounts. We do appreciate that organisations have different financial years and it can take time to prepare accounts, therefore we will accept accounts where the financial period ended any time within the last 18 months.
- Insurance Policies**
- Please attach a copy of your Public Liability Insurance, together with any other relevant insurances.
- Procedures or Policies**
- Copies of your Health and Safety Policy and any other appropriate practices regarding Child Protection, Safeguarding etc.

N.B. If you would require any of your documentation returned please ensure you enclose a large self addressed envelope

Part six – Terms of Conditions

I/We declare that the information I have given in this application is true and accurate to the best of my/our knowledge.

I/We confirm that if any grant is made to us by The Wight Aid Foundation, it will be used for the purposes described in this application.

I/We confirm that the project will be monitored and evaluated at regular intervals once the grant has been awarded. I/We will send the Monitoring and Evaluating form with evidence of expenditure within one month of the funding year being completed.

I/We will inform The Wight Aid Foundation if;

- There is a delay in starting the project
- Funding is received from another funder
- Any changes in the value of the project

I/We understand that knowingly providing false information will invalidate this application and may result in the requirement to repay any grant that may be made.

I am happy for The Wight Aid Foundation to keep me informed by email about future events, campaigns and newsletters.

Yes please opt me in

No thank you, opt me out

You will have the opportunity to opt out of receiving communications from us every time we contact you. You may also wish to read our privacy statement that provides further information about how we use your personal data. This can be found on our website www.wightaid.org.

Opting out will not affect your chances of receiving a grant.

If you have any questions please contact us on admin@wightaid.org

Signed

Date

Please return this form together with all accompanying documentation to:-

The Wight Aid Foundation

**Elm Lane
Calbourne
Isle of Wight
PO30 4JY**

