

**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 |  |
| Project Timetable | Start Date: End Date: |
|  |  |
| Project Description |
|  |
|  |
| Project Objectives |
|  |

Part two – About your project continued

|  |
| --- |
| Beneficiaries |
|  |
|  |
| Monitoring and Evaluation |
|  |

Part three – Financials

|  |  |
| --- | --- |
| What is the Grant Amount you are requesting? |  |
|  |  |
| What is the Total Cost of your Project? |  |
|  |  |
| How much have you secured so far? |  |

|  |
| --- |
| **Thorough Breakdown of Costs** |
|  |
| No |  | Item or Activity |  | ATotal Cost |  | BAmount Requested |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
|  |  |  |  | £ |  | £ |
|  |  |  |  |  |  |  |
| **TOTALS** |  | £ |  | £ |

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. **Note: You do not need to provide copies of this data if it is uploaded and current on the Charity Commission website**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 from 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. (We promise not to bombard you with emails) Yes please opt me inNo thank you, opt me outYou 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](http://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 LaneCalbourneIsle of WightPO30 4JY** |  |