 **Grant no: /**

**Grant Application Form**

|  |
| --- |
| **Name and address of your organisation:** |
| **Correspondent and position:** |
| **Address for correspondence:** |
| **Daytime phone number**: **Email:** |

|  |
| --- |
| **Privacy Notice:****We ask for minimal personal data in order to process your grant application. Your data will be cared for in line with our privacy policy. Our full privacy notice can be found on our website:** [**www.friedascott.org.uk**](http://www.friedascott.org.uk) **or is available on request.**  |

|  |
| --- |
| **Completed applications should be sent to**:Celia ForsythTrust SecretaryFrieda Scott Charitable TrustStricklandgate House92 Stricklandgate Kendal LA9 4PU 01539 742608 celia@fcsct.org.uk www.friedascott.org.ukRegistered Charity Number: 221593 |

**Please leave this page blank**

 **Grant no: /**

***You are actively encouraged to contact the Trust Secretary before completing an application form. Please telephone on 01539 742608 or email:celia@fcsct.org.uk***

**Please check before sending:**

**Are you a registered charity/pursuing charitable purposes? If you are not a registered charity, please include a copy of your constitution.**

**Is your project based in South Lakeland/Westmorland?**

**Does your project fit the policies of the Trust? (Available on our website:** [www.friedascott.org.uk](http://www.fcsct.org.uk)**).**

**Have you enclosed a copy of your last audited/signed accounts and most recent bank statement?**

**Please attach copies of 3 separate quotes for capital projects.**

|  |
| --- |
| **Name of your organisation:** |

|  |
| --- |
| **Bank Account Title:** |

|  |  |
| --- | --- |
| **Registered Charity No:** | **Previous application?**  |

|  |
| --- |
| **1. What are the aims of your organisation?** |

|  |
| --- |
| **2.Briefly describe the project or service for which you want funding:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total cost of project** |  | **Current shortfall** |  |
| **Funds received/pledged**  |  | **Amount requested** |  |

|  |
| --- |
| **3. What is the history or background to the project you are proposing?** |

|  |
| --- |
| **4. Who will the project benefit? Please provide numbers, age and gender of those from the South Lakeland/Westmorland area.** |

|  |
| --- |
| **5. What is the structure of your organisation, including salaried staff and volunteers? Please list by name members of your board of trustees/management committee.** |

|  |
| --- |
| 6. **Have local people been involved in the planning of this service/project?** |
| **7. Do you have policies for child protection/safeguarding vulnerable adults and equal opportunities?** |

|  |
| --- |
| **8. Have all staff working with children/vulnerable adults been DBS checked?** |

|  |
| --- |
| **9. Are the premises you propose to use accessible to people with disabilities and those using public transport?** |

|  |
| --- |
| **10. Please give a breakdown of the project costs. For capital costs we require copies of three separate quotes - please include as appropriate.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CAPITAL COSTS** | £ | **REVENUE COSTS** | £ |
| new build |  | salaries (including NI) |  |
| refurbishment |  | pension |  |
| new fixtures |  | rent and rates |  |
| equipment |  | office (phone, post etc) |  |
| furniture and fittings |  | heating, lighting etc |  |
| vehicles |  | insurance |  |
| disabled access |  | promotional materials |  |
| equipment hire |  | staff training |  |
| other |  | training for beneficiaries |  |
|  |  | recruitment |  |
|  |  | travel |  |
|  |  | bursaries |  |
|  |  | other |  |
| **TOTAL FOR CAPITAL** |  | **TOTAL FOR REVENUE** |  |

|  |
| --- |
| **11. What sums have already been raised or promised?** |

|  |  |
| --- | --- |
| **SOURCE** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL FUNDS RAISED** |  |

|  |
| --- |
| **12. What other funds have you applied for, and when will the funding decision be made?** |

|  |  |  |
| --- | --- | --- |
| **SOURCE** | **£** | **DECISION DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL APPLIED FOR** |  |  |

|  |
| --- |
| **13. How do you propose to evaluate the work for which you are applying? (e.g. targets/impact)** |

|  |
| --- |
| **SIGNED: DATE:**(Person making application)**SIGNED: DATE**(Chair of organisation)  If you are submitting this application by email, a separate email is required from the chairperson of the organisation endorsing your appeal.You are welcome to provide supporting information if you think it would help us to understand your project better.*Registered Charity Number: 221593* |