

**Organisational Grant**

**APPLICATION FORM**

**This application form is for use by organisations only**

Please read the West Hendon Community Trust Fund’s Funding Criteria and Guidelines before completing the application form. It will help you decide whether you are eligible for the grant and will assist you in completing the application form.

**PLEASE WRITE IN CAPITAL LETTERS**

**1. Your Organisation**

**(a) Contact details**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Address & Post Code: |  |
| Phone: |  |
| Email: |  |
| Fax: |  |
| Website: |  |

**(b) Name of the main applicant for this application**

(This must be someone who knows about the activities that you are planning and who we can contact if necessary for further information)

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Address & Post Code: |  |
| Phone: |  |
| Email: |  |
| Fax: |  |
| Website: |  |

**(c) The names of principal officers**

|  |  |
| --- | --- |
| Chair’s name: |  |
| Secretary’s name: |  |
| Treasurer’s name: |  |

**(d) Does your organisation have legal status?**

If yes, please specify:

Unincorporated association

Registered charity

Company

Trust

Other (please give details)

**(e) How long has your organisation been in existence?**

|  |
| --- |
|  |

**(f) Is your organisation affiliated with, or part of, any national organisation?**

Yes  No

If yes, please specify

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| --- |
|  |

**(g) Please explain the purpose of your organisation, highlighting the services and programmes your organisation provides.**

(You may attach additional information – maximum 200 words)

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(see continuation sheet)

**(h) How many people are involved in running your organisation?**

|  |  |
| --- | --- |
| Full-time paid staff: | ---- |
| Part-time paid staff: | --- |
| Volunteers: |  |

Briefly describe what your volunteers do:

|  |
| --- |
|  |

**(i) Approximately how many people directly benefit from your organisation’s services?** (Please provide the number of members in each

age group category)

|  |  |
| --- | --- |
| 0 – 20 years: |  |
| 21 – 65 years: |  |
| Over 65 years |  |

**2. Project summary**

**(a) Describe what the funding will be used for.** (You may attach additional information to this application e.g. feasibility study)

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**(b) Project Rationale. What will the benefit of your project be?** (Who will benefit? How many people? How will they benefit? Is there general benefit to the community? What are the objectives?)

|  |
| --- |
|  |

**(c) When will your project start?**

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**3. Financial details of the project**

Please round figures to the nearest pound. Please attach quotes, budgets, breakdown of project costs etc. (Please indicate with an asterisk (\*) if any income sources have not been confirmed).

**(a) Expenditure** (total cost of the project)

|  |
| --- |
|  |

**(b) Income**

|  |
| --- |
|  |

**(c) How much money are you seeking from the West Hendon Community Trust**

**Fund?**

Limits are:

* Groups and charities – at the discretion of the Trustees;
* Residents organising projects of social benefit – limited to £1000;
* Residents awarded a welfare grant – normally limited to £250 but up to £500 if the Trustees believe special circumstances apply.

|  |
| --- |
|  |

**(d) Have you received funding from the West Hendon Community Trust Fund previously?**

Yes  No

If yes, please give the date and amount received:

|  |  |
| --- | --- |
| Date grant was received: |  |
| Amount received: | £ |

**(e) Are you registered for VAT?**

Yes  No

If yes, what’s your:

|  |  |
| --- | --- |
| VAT Reg. Number? |  |
| Charity Commission Reg. Number? | n/a |

**(f) What are your usual sources of income?**

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

**(g) Financial summary from the latest annual accounts.** (Please indicate if any of the funds are tagged for specific purposes. Please also attach a copy of latest audited accounts)

|  |  |
| --- | --- |
| Summary for financial year ending: |  |
| Income |  |
| Expenditure |  |
| Surplus (deficit) |  |
| Current bank balances |  |

**(h) Do you anticipate any significant change in your organisation’s financial circumstances in the next 12 months?**

If yes, please explain:

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| --- |
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**4. Additional information**

**The following information is required from all applicants:**

* A copy of your latest bank statement for each account, including investments \*
* The audited Annual Accounts for the last financial year \*
* A printed bank deposit slip
* Letters of support for your organisation and the work it does in the community
* Project budget and details/ breakdown of costs.
* We may require additional information if your organisation is applying for a grant from the West Hendon Community Trust Fund for the first time.

(\* not applicable to welfare grant applications)

**5. Declaration**

**In making this funding application I declare that:**

* I am authorised to do so and to the best of my knowledge the information contained herein is true and correct
* Any funding received will be used for the project for which it was approved
* The organisation will comply with any reasonable request from the West Hendon Community Trust Fund to monitor performance and accountability
* The organisation acknowledges that any decision made by the West Hendon Community Trust Fund is final. We accept that no reasons for such decision will be given, nor will any correspondence will be entered into.

**For and on behalf of our organisation:**

|  |  |
| --- | --- |
| Full name: | Position: |
| Signature: | Date: |

**Countersigned by the Chair, Vice Chair, Secretary or Treasurer of the organisation:**

|  |  |
| --- | --- |
| Full name: | Position: |
| Signature: | Date: |

**6. Monitoring information**

**This information will help us to monitor our grants. This information is for statistical purposes only and will not form part of the assessment of your application.**

**(a) How did you hear about the West Hendon Community Trust Fund?**

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|  |
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|  |

**(b) Which ethnic group does your project focus on providing a service to?**

|  |
| --- |
|  |

**(c) How many males, and how many females, will benefit from your project?**

|  |  |
| --- | --- |
| Number of males: | Number of females: |

**(d) What age group(s) is your project targeted at?**

Under 12 years

12 – 18 years

19 – 30 years

30 – 60 years

Over 60 years

**(e) Please select the sectors from the list below that you believe will benefit from your project or services**

Arts and culture

Health and social services

Education

Community economic development

Heritage and Environment

Sport and recreation

**7. Sending us your form**

Before placing your application in an envelope, check you have completed all sections of the application, have included all necessary documentation and signed the declarations.

**Applications should be sent to:**

**Dawn McCalla-Hunte**

West Hendon Community Trust Fund

C/O Metropolitan Thames Valley

Grants and Contracts Team, Premier House, 52 London Road, Twickenham, TW1 3RP

**Or they may be emailed to:**

E-Mail: WHCTF@mtvh.co.uk

Please call Direct Dial – 020 3535 3368 for queries.

**Privacy**

Any personal information about individuals you provide in this application will be used only to assist with the administration and assessment of your application and in publishing results of approved grants. The group and personal information collected will be restricted to the West Hendon Community Trust Fund board and staff along with other parties that may be consulted or contracted to act on behalf of the Trust. Groups and individuals have the right to check and correct any personal information held by the Trust.