

## **GRANT APPLICATION FORM**

---

The purpose of this form is to tell the Trust about your organisation (Part A), its finances (Part B) and the amount and purpose for which you seek funding (Part C). It is important that both you and the Trust are clear that the purpose and the people who will benefit from our grant, if awarded, come within the remit of the Barnwood House Trust, so please read our guidance notes before completing the form.

The form and guidance notes can be sent to you by e-mail. To request this, send an e-mail to: [gail.rodway@barnwoodtrust.org](mailto:gail.rodway@barnwoodtrust.org) Please return 15 signed copies of the completed form together with copies of any supporting papers. Remember to keep a copy for your own records. Not all of the questions may be relevant to your application. Please then write N/A in the box. If you have a query about any question, please telephone the Trust for help. If you have been helped by the Trust before and are seeking a small grant (£750 or less), then only one copy of the form or a letter explaining the need will be sufficient.

The form should be signed by an appropriate person within your organisation and counter-signed by the chairman (if a charity or voluntary group) or responsible manager (if a statutory body).

The form starts here: -

**Name of Applicant Organisation(s) :**

**Purpose of the Organisation :**

**Total amount of grant sought :**

**Summary of the purpose for which you seek a grant:**

**PART A – ABOUT YOUR GROUP OR ORGANISATION**

**1 Name of organisation/department/unit :**

**2 Name of contact person:**

**Position in organisation:**

**3 Address for correspondence:**

**Post Code:**

**Tel. No.**

**Fax No.**

**E-mail**

**Web address**

**4 Status of your organisation (please tick all those that apply):**

*Registered Charity No.*

*“Not for profit” Ltd Company*

*Registered Friendly Society No.*

*Co-operative*

*Other (and describe)*

*Voluntary Organisation*

*Housing Association*

*Statutory Organisation*

*Self-help group*

**5 Which description(s) fits your organisation ? (Please tick those that apply):**

*Campaigning/pressure group*

*Grant-giver*

*Education provider*

*Community building*

*Commissioner/purchaser of services*

*Service provider for users*

*Infra-structure support provider*

*Housing provider*

**6 Please name the Chairman and at least two other trustees/directors of your organisation:**

**7 Is it part of a regional or national organisation?**

**8 What year did your organisation start-up in Gloucestershire?**

**9 What services do you currently provide here in Gloucestershire?**

**PART B – ABOUT YOUR ORGANISATION’S FINANCES**

**1 Please list your organisation/department/unit’s principal sources of annual income and items of expenditure for the last audited financial year: (Insert year )**

<b>Income £</b>	<b>Description of Source</b>
←	<b>Total</b>

<b>Expenditure £</b>	<b>Description of Item</b>
←	<b>Total</b>

**2a What unrestricted reserves does your organisation hold at the time of making this application? £**

**2b What restricted reserves does your organisation hold? £**

**3 Please give name and address of bank**

**4 and name and number of bank account:**

**5 Please give details of any services undertaken under contract or service level agreement with statutory bodies :**

**6 When do you need the grant, if approved?**



- 10 How do you know this project or item(s) is needed?**
- 11 What positive difference do you hope to achieve for the people you aim to help?**
- 12 Do any other agencies in your area provide this service? How do you work with them?**
- 12 Where and when (how often) will the project take place and how many users can take part?**
- 13 How do you ensure the service is of good quality (use of qualified/trained staff, references, checks etc)?**
- 14 How many employees or volunteers are in your organisation: .....**
- 15 How many employees or volunteers will deliver this project / service: .....**
- 16 How do you make your service(s) known to users?**
- 17 How will you know if your work is successful?**
- 18 If, as a result of this application, the Trust becomes the prime revenue funder, how will the project continue after our grant is spent?**

## Declaration

When this application is completed, the following declaration should be signed:

I am an authorised representative of

(organisation).....

I confirm that this application is being made with the full knowledge and support of this organisation and, should a grant be made for this proposal, that my organisation agrees to indemnify the Barnwood Trust against any claim arising from health and safety, equal opportunities, disability discrimination and human rights legislation made against the Barnwood Trust in connection with this proposal.

To the best of my knowledge the information I have provided on this application form is correct. If the Barnwood Trust agrees to make a grant, this will be used exclusively for the purposes described or returned to the Trust in default. I agree to inform the Trust about other grants received for the same purpose.

Signed.....Date.....

(Name in capitals please.....)

Position in organisation.....

To be countersigned by the chairman or responsible manager:

Signed.....Date.....

(Name in capitals please.....)

Position in organisation.....

Please forward 15 copies of your grant application, together with a copy of your most recent set of audited accounts, to:

Gail Rodway  
Grants Manager  
Barnwood Trust