

THE BAKER-GAZELEY CRICK COMMUNITY FUND

For Office Use Only: Date Received..... Application No.....

Grant Application Form

Your Group's Name:

About your Organisation

| |
|----------|
| Address |
| |
| |
| Postcode |

| | | |
|----------------------------|-------------|----------|
| Main Contact Person Title: | First Name: | Surname: |
| Position: | | |
| Daytime Telephone No: | | |
| Evening Telephone No: | | |
| Email Address: | | |

| | | |
|------------------------------|-------------|----------|
| Second Contact Person Title: | First Name: | Surname: |
| Position: | | |
| Daytime Telephone No: | | |
| Evening Telephone No: | | |
| Email Address: | | |

| | | |
|--|------------------------------|-----------------------------|
| 2. Do you have a constitution or a set of rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | |
|---|---|
| 3. Are you one of the following? (Please tick appropriate box) | |
| You do not have to be any of these to qualify for a grant | |
| <input type="checkbox"/> Registered Charity please indicate number: | <input type="checkbox"/> Applying for Charitable Status |
| <input type="checkbox"/> Constituted community group/Unincorporated Association | |
| <input type="checkbox"/> Other (please State) | |
| <input type="checkbox"/> Local branch of a regional or national organisation | |

Please remember to answer all the questions.

4. When did your group start?

5. How many volunteers are involved in your group (other than Management Committee)?

6. How many people are on your Management Committee?

7. What are the main purposes of your organisation?

Finances of your organisation

8. Average income over the last 3 financial years

9. Average expenditure over the last 3 financial years

10. Current unrestricted reserve or savings

About the activity/project that you would like funded

11. Description of Activity: (the text should explain all significant entries in your Budget as well as anything else you might want to tell us)

Please remember to answer all the questions.

12. When will your project start?

13. When will your project finish? (Please note that your grant will have to be spent within a maximum of 12 months from when the project starts)

14. How do you know there is a Need for your project?

15. Please outline your organisation's experience and capacity to deliver the activity or project for which you are applying:

16. Detail how you plan to involve Volunteers in your Project:

17. How do you intend to measure and demonstrate the success of your project?

(Feedback, questionnaires etc etc.)

18. How many people will benefit from your activity/project?

Please remember to answer all the questions.

| | |
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| | |

How do you plan to raise the rest of the money required?

| Source | £ amount |
|--------|----------|
| | |
| | |
| | |
| | |

Declaration

We are authorised to submit this application on behalf of the group and certify that the information enclosed is correct to the best of our knowledge.

Signature 1 (Person submitting the Form):

.....

Date:

Signature 2 (Chairperson or Senior Representative of the Management Committee):

.....

Date:

Checklist

It is important that you send the following information with your application form. Failure to include this information may delay or jeopardise your application.

Please use the tick boxes to confirm enclosure.

Fully completed Application Form signed by two people from your organisation.

If possible a signed copy of the constitution of your organisation (or a set of rules for your group) signed by your management committee. Also include a sheet listing the names and addresses of all members of the management committee or trustees

Quotes for equipment, building work etc (as appropriate)

2 copies of completed application form sent (1 Email Word or text copy, 1 signed and posted copy)

Please remember to answer all the questions.

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