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 **Community Grant Application Form**

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**This application form is for people looking for £500 or less of support for their project.**

Before you complete the application please read the **Guidance for Funding** and tick the box to confirm that you have done so [ ]

A copy of the Guidance for Funding can be downloaded from <http://www.northyardcommunitytrust.org.uk/grants.html>

Please note: Before you complete this application form you should ensure that you have the following documents to enclose with the form as your application will not be considered without this:

Company, Group or Organisation Constitution [ ]

Recent Company, Group or Organisation Bank Statement [ ]

A copy of the latest audited accounts [ ]

Evidence of all project costs including quotes where applicable [ ]

Signed copy of the General Terms & Conditions [ ]

Written confirmation letter from other funders if you have match funding [ ]

Letter of support from those organisations you are working with [ ]

If you have any questions about this application or need any help then please contact the Office Manager by email at admin@northyardcommunitytrust.org.uk or by phone on 01752 764455

**Section 1 - Contact Details of Applicant**

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| **1.1** | **Name of applicant** | Click here to enter text. |
| **1.2** | **Telephone number** | Click here to enter text. |
| **1.3** | **Email** | Click here to enter text. |
| **1.4** | **Preferred Contact Method** | Email [ ] Post [ ]  |

**Section 2 – Organisation Details**

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| **2.1** | **What is the full legal name of your organisation?** | Click here to enter text. |
| **2.2** | **What is the main or registered address, including postcode, of your organisation?** | Click here to enter text. |
| **2.3** | **Contact Number** | Click here to enter text. |
| **2.4** |  **Email** | Click here to enter text. |
| **2.5** | **Website** | Click here to enter text. |

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| **2.6** | Are you applying as a community group or organisation? Yes [ ]  No [ ]  |
| **2.7** | What type of organisation are you? Choose an item. |
| **2.8** | Give any reference or registration numbers you may have such as your Charity Registration Number or Company Number: Click here to enter text. |
| **2.9** | The North Yard Community Trust CIO would like to ask your permission to send your organisation information about the Trust and keep their details on our contact list. Please be assured that we DO NOT pass your information on to other parties and it will only be used to provide occasional updates and information on North Yard Community Trust CIO grants, activities and events. We agree that the North Yard Community Trust CIO can keep us informed of information about grants, activities and events by email [ ]  If you wish to unsubscribe at any time you are free to do so by contacting us directly at admin@northyardcommunitytrust.org.uk or in writing to the address at the end of this applicationThe North Yard Community Trust CIO would like your permission to use your organisations details including the amount of grant funding awarded, details of the project for which the grant was awarded, any comments or feedback regarding the Trust or your project and any photographs submitted by you for the use of informing the public via our website, social media and in any other forms of communication both written and verbal to enhance the knowledge of the public on the Trusts activities. I agree that the North Yard Community Trust may use the information necessary in their promotion of the Trust activities [ ] I agree that the North Yard Community Trust may use any photographs submitted in their promotion of the Trusts activities [ ]  |

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| **2.10** | Does your organisation (if applicable) have a Child Protection Policy and/or a Vulnerable Adult Policy and are relevant staff/volunteers DBS checked? Yes [ ]  No [ ]  |
| **2.11** | Tell us a little bit about your organisation (maximum up to 100 words): Click here to enter text. |

**Section 3 – Your Activity**

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| **3.1** | **What is the name of your project or activity that you want us to fund?** | Click here to enter text. |

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| **3.2** | **Please provide a short summary (100 words) of the project or activity that you are proposing**. |
| Click here to enter text. |
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| **3.3** | **What would you like to do?**Please include the following:* How your project, activity or event idea came about?
* Describe in detail your project, activity or event
* Who will be involved?
* Is it something new, or are you continuing with something that has worked well previously?
* How will you make sure that people know about your project and will attend?
* Is your project/activity targeted at a specific group of people?
 |
| Click here to enter text. |

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| **3.4** | Will you be working with any other organisations on this project? Yes [ ]  No [ ]  |
|  | If Yes, please state the name of the organisation and what support they will be giving you: Click here to enter text.***Please provide letters of support from all organisations that you will be working with on this project.*** |

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| **3.5** | **What local community support do you have for your project, activity or event? Will you be working with volunteers? Do you have in kind funding such as materials or a venue, if so, who is donating this and what are they donating?** |
| Click or tap here to enter text. |

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| **3.6** | **List of Postcodes for those who currently attend your project/activity if it is already established** | Click or tap here to enter text. |
| **3.7** | **Where will your project take place?** | Click here to enter text. |
| **3.8** | **When will your project start?** | Click here to enter text. |
| **3.9** | **When will your project finish?** | Click here to enter text. |
| **3.10** | **How many people will benefit from your project, activity or event?** | Young people <18: Click here to enter text.Adults 18 to 60: Click here to enter text. Adults >60: Click here to enter text. |

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| **3.11** | **How do you know that there is a need for your project/activity? Please send any supporting letters to the board along with the application.**  |
| Click here to enter text. |

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| **3.12** | **List the three most important outcomes/objectives of your project/activity or event. For each difference be succinct and write about a single change only, do not provide a long list of differences or changes. How will you measure the three impacts, objectives and outcomes of your project, activity or event?**  |
| Click here to enter text. |

**Section 4 – Beneficiary monitoring**

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| **4.1** | **Which area is your project going to target?** Tick all that apply |
| Keyham [ ] St Budeaux [ ] Kings Tamerton [ ] Barne Barton [ ] Weston Mill [ ]  |

**– Your Activity**

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| **4.2** | **If your activity targets people from a particular age group, please tell us which:**  |
| 0 – 24 years [ ]  25 – 64 years [ ]  Over 65 years [ ]  |

**Section 5 – Funding**

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| **5.1** | **How much in total will your project/activity cost in total?** | £Click here to enter text. |
| **5.2** | **How much funding are you applying for from NYCT?**  | £Click here to enter text. |

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| **5.3** | **Please give a breakdown of all costs applied for on an individual basis:** |
| **Item/Activity** | **Total cost of item/activity** | **Amount of funding requested for item/activity** |
| Click here to enter text. | £Click here to enter text. | £Click here to enter text. |
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| Click here to enter text. | £Click here to enter text. | £Click here to enter text. |
| **Total Amount\*** | £Click here to enter text. | £Click here to enter text. |
| **\*Please note that we will require evidence of all costs, including any venue hire, with this application** |

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| **5.4** | Have you sought funding or income from elsewhere or have match funding in place? Yes [ ]  No [ ]  |
| **5.5** | If Yes, please state the name of the funder or the type of income, amount applied for and status of your application Click here to enter text. |
| **5.6** | Are you intending on applying for further funding or income for this project, activity or event? Please give full details |

**Section 6 – Previous Funding**

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| **6.1** | **Have you applied to the North Yard Community Trust for funding before?** **Yes** [ ]  **No** [ ]  |

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| **If Yes, then please provide the following information for all previous applications:** |
| **Your reference number** | Click here to enter text. |
| **What was the decision?** | Click here to enter text. |
| **How much were you awarded?** | £Click here to enter text. |
| **When did you receive your grant?** | Click here to enter text. |
| **Have you completed your evaluation?** | Click here to enter text. |

**Section 7 - Authorisation**

The application must be signed by the applicant and authorised by the Chair, Head teacher or Treasurer of your organisation

We, the undersigned, confirm that all information contained in this application is correct and that we have read and understood the Guidance for Funding. We also confirm that our organisation is fully responsible for the correct spending of any funding awarded and written permission will be obtained from the North Yard Community Trust CIO in advance of any potential changes to the original project.

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| Name of Applicant | Click here to enter text. |
| Signature  | Click here to enter text. |
| Position held in Organisation | Click here to enter text. |
| Date | Click here to enter text. |
| Email Address | Click or tap here to enter text. |

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| Authorised by | Click here to enter text. |
| Signature  | Click here to enter text. |
| Position held in Organisation | Click here to enter text. |
| Date | Click here to enter text. |
| Email Address | Click or tap here to enter text. |

**Payment**

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| **Please send a copy of the most recent bank statement for the bank account that you would like the grant paid into with this application.** * Please note that you must have a bank account in the name of the organisation.
* Payment will be made by BACS
* If you cannot provide this then please explain why and send a recent copy of the bank statement of the bank account that you would like the grant paid into
 |

**Evaluation**

If we fund your project, we will require an evaluation from you using a form that we will provide. We will also require evidence of how the funding has been spent with copies of all original receipts to the value of the grant received, to be submitted along with your evaluation.

The Trust will also require evidence to show that the funding has been used to benefit the residents of the North Yard Community Trust CIO area, so it is imperative that you record Street names and Postcodes of all beneficiaries.

You may want to include photographs, case studies and short statements from beneficiaries if appropriate as well as evaluating the impact that your project has had on your local community.

The evaluation must be completed and returned with all supporting receipts and evidence of costs within one month of the completion of the project. Please be aware that should the Board not receive a completed evaluation as requested then the Board reserves the right to request the return of the full grant amount.

Any part of the grant that is not required or not used for the purpose approved by the Board will be refunded to the NYCT CIO.

**Privacy**

Any personal data submitted to North Yard Community Trust CIO will be handled in accordance with our Privacy Policy

**What next?**

Please return this form with copies of all associated documentation to:

**North Yard Community Trust**

C/o Plymouth Drake foundation

Plymouth Science Park

Derriford

Plymouth

PL6 8BX

Or email it to: admin@northyardcommunitytrust.org.uk