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**COASTAL COMMUNITIES CHALLENGE**

**COMMUNITY GRANT APPLICATION FORM**

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| **SECTION 1 – CONTACT DETAILS** |

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| --- | --- |
| **Organisation Name and Address Details** | |
| Name of your organisation |  |
| Address |  |
| Postcode |  |
| Website address of group |  |
| Telephone |  |
| Email of organisation |  |
| Organisation start date (year/month) |  |

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| **Main contact person** - these are the details that LCF will use for correspondence purposes. | |
| Title |  |
| Name |  |
| Role in organisation |  |
| Contact telephone number(s) |  |
| Email |  |

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| **SECTION 2 – ABOUT THE ORGANISATION** |

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| **What type of organisation are you?** Please indicate all that apply. | | |
| **Type of organisation** | **Yes?** | **Please supply registration number** |
| A registered charity |  |  |
| Company limited by guarantees |  |  |
| Charitable Incorporated Organisations |  |  |
| Unincorporated club or association |  |  |
| Community interest company |  |  |
| Constituted community group |  |  |
| Other (Please state) |  |  |
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| Are you part of a larger or national organisation?  If yes, do you have a local committee/control over your finances? |  |  |
| Organisation start date (month/year) |  | |
| Do you charge for your services per session/annum? If so, how much? |  | |

**Staffing and volunteers – how many of each are involved in the organisation** (give numbers)**:**

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| --- | --- | --- | --- | --- |
| Full time staff /workers |  |  | Committee members/trustees |  |
| Part time staff /workers |  |  | Volunteers (not incl as part of Management Committee) |  |

**Please describe the overall aims and objectives of your organisation and the activities or services it provides**

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**Has your organisation ever received grant funding from us or any other funder in the last 2 years? If so, please provide details:**

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| --- | --- | --- | --- |
| Name of Funder | Year of Grant | Reason for Grant | Amount |
|  |  |  |  |
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| **SECTION 3 – ABOUT YOUR APPLICATION FOR FUNDING** |

**What will you be using the grant money for?** How will this benefit your group and/or the wider community in the longer-term? Tell us about the need for your project (you will be unlikely to be awarded a grant if you cannot identify a need for it).

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**Are you working with any other organisation? If yes, please give their name(s) and a brief description about how they are involved.**

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**Please give us the timescales of your project** (funds must be spent by September 2025)**:**

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| --- | --- | --- | --- | --- |
| Start spending funds: |  |  | Finish spending funds: |  |

**Please tell us why the project is needed and about the people or community accessing your services**

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**How will you know if your project has been a success? Please outline the benefits or outcomes that you expect to achieve because of this funding**

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| **SECTION 4 – BENEFICIARIES** |

**Where do most people who will benefit live?**

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**Approximately how many people currently benefit from the**

**services/activities that your organisation provides?**

**Who are the primary beneficiaries? Select a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant.**

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**Other beneficiary groups who will benefit. Please select all that apply by adding a cross in the box to the left of the description.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Children & Young People |  | Older People |  | Women |
|  | Men |  | People living with physical disabilities |  | People living with invisible disabilities |
|  | People living with mental health issues |  |  |  |  |
|  | Other (please state) | | | | |

**Primary age group –** please indicate the primary age group that will benefit from this project by inserting the number ‘1’ in the appropriate box. Please indicate any other applicable age groups addressed by this grant by inserting the number ‘2’ in one or more boxes.

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| --- | --- | --- | --- | --- | --- |
|  | Early years (0-4yrs) |  | Children (5-12yrs) |  | Young people (13-18yrs) |
|  | Young adults (19-25yrs) |  | Adults (26-64yrs) |  | Seniors (65+yrs) |

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| **SECTION 5 – PROJECT COST** |

**Please provide the following details:**

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| £ |

**Total cost of your project**

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| £ |

**Amount you are requesting from the fund**

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| --- |
| £ |

**Balance**

**Please explain how the balance has/will be raised?**

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**Please provide details of costs for your project. If any of your costs do not fit into these headings, please list them ‘Other costs’. Tell us in the ‘Description of costs’ column what each item is and how much it costs.**

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| --- | --- | --- |
| **Type of cost** | **Description of cost** | **Total cost £**  **(incl. VAT)** |
| **Operational/activity costs**  e.g. equipment or venue hire  food/refreshments |  |  |
| **Office, overhead, premises costs**  e.g. rent  postage  telephone  heating/lighting/water |  |  |
| **Capital costs**  e.g. equipment costs |  |  |
| **Other costs**  (Please specify) |  |  |
| **Total** |  |  |

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| **SECTION 6 – ORGANISATION’S BANK DETAILS** |

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| --- | --- |
| Account Name: |  |
| Bank / Building Society: |  |
| Bank / Building Society address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code: | | | | | |  | Account No | | | | | | | | |
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**In order to demonstrate the financial protocols in place within your organisation, please let us know how may authorisations are required and how the organisation processes and authorises payments?**

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| **SECTION 7 – CONSENT & SIGNATURE OF APPLICANT** |

**Declaration**

I consent to the personal details I have provided on this form being processed by Lincolnshire Community Foundation in accordance with the Data Protection Act 2018 and agree that they can contact me directly about this application.

I understand that LCF have requested information about my organisation’s personnel and financial data and any other information deemed necessary for the purpose of processing this application and agree for such information to be disclosed.

I confirm that the information given on the application form is true and my group organisation has formally agreed that I can act on their behalf. I confirm that I have attached all required additional documents and by providing any personal data about another person they understand how their data may be used and shared.

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Please add your initials into this box to agree to this Declaration

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| Lincolnshire Community Foundation would like to follow up on successful applicants and potentially feature them in publicity activities. Please add your initials into this box to confirm that if your application is successful, you understand and are willing to share the information in your application to promote this grant externally on marketing materials and social media, and that you are willing to take part in any publicity activities. |  |  |
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| **SECTION 8 – ACCEPTANCE OF TERMS AND CONDITIONS** |

*If offered grant aid you must agree to the following:*

* *We will use the information you have provided to process your application for a grant from us and to administer any grant we award.*
* *We may request evidence to confirm information given on this form, including obtaining information about you from other organisations to make sure the information is accurate; prevent or detect crime; and protect the funds we administer. These other organisations include local authorities, training providers, and the police.*
* *You will spend the grant within one year of its receipt or any other timetable set by Lincolnshire Community Foundation and use funds for the purpose they were approved and will notify us of any proposed material change to the project.*
* *As a condition of making a grant we will ask you to complete a monitoring form.*
* *If you fail to advise us of the disposal of grant-aided capital items, we may require the grant to be returned.*
* *You will keep records of expenditure for at least seven years, which will be supplied to us if requested.*
* *To maintain adequate insurance cover with an insurer of good repute to cover claims under this grant or any other claims or demands that may be brought by any person suffering injury, damage or loss in connection with this grant.*
* *You comply with UK laws and meet Equal Opportunities legislation.*
* *The project complies with all legislation and adopts good practice in ensuring that safeguarding measures are in place including adopting relevant policies and procedures. We may ask you for a copy of these as part of the grants process.*
* *You will carry out the appropriate DBS checks where you work with young people or vulnerable adults.*
* *You will notify us if an allegation relating to child protection or health and safety is to be investigated or has been proved.*
* *The grant is a donation and we are not liable for the consequences of its use. We reserve the right to reclaim any money which has been paid as the result of fraudulent or misleading claims.*
* *Providing false or misleading information on their application or subsequent communications related to this fund could lead to funds being withheld or* subsequently *recovered. Civil or criminal proceedings may be considered in the event of non-compliance. Post grant award assurance work will be completed to discover and recover fraudulent funds.*
* *You will acknowledge Lincolnshire Community Foundation on any publicity material you issue.*
* *If applicable, you will provide us with copies of relevant photos and press publicity which we may use.*
* *You will be willing to take part in, where appropriate, any publicity activities.*
* *You will disclose grants over £5,000 made to groups in our statutory accounts.*

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| --- | --- |
| Applicant’s signature |  |
| Applicant’s name |  |
| Date |  |

Data protection: Where possible, we will communicate with you by email. We would also like to send you our e-newsletter which includes details of grant application closing dates and other information. You can unsubscribe from that e-newsletter at any time.

Please tick here if you wish to be sent Lincolnshire Community Foundation’s e-newsletter:

**Checklist, have you enclosed:**

|  |  |
| --- | --- |
| Completed application form |  |
| Your organisation’s set of rules/terms of reference/constitution? |  |
| Names and roles of your committee/trustees? |  |
| Your last set of annual accounts and a copy of a recent bank statement. |  |
| Your organisation’s Safeguarding Policy |  |
| If applicable, quotations for project materials/work? |  |
| Any additional papers you used to answer the questions above? |  |

**What next?**

Please ensure that you have completed all sections of the application form and have include all supporting documentation.

Email xxx, or return to:

Sue Fortune, Lincolnshire Community Foundation, 4 Mill House, Carre Street, Sleaford, Lincs,

NG34 7TW

If you have any questions, please contact Sue Fortune or Cavan Collins at the Foundation on 01529 305825 or email [sue@lincolnshirecf.co.uk](mailto:sue@lincolnshirecf.co.uk)

We are constantly reviewing our processes and would welcome your feedback (positive or negative). Please share your experience from initial contact through to submitting an application and any areas you feel that can be improved upon.

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**Data Protection**

Lincolnshire Community Foundation is committed to protecting personal information and acting in line with your rights under data protection laws and will treat all data in accordance with our Data Protection Policy. In order to assess applications, it will be necessary to store and process the information that applicants send to Lincolnshire Community Foundation. Data will be held securely and lawfully processed, will be kept up to date and not retained for longer than necessary. Data may also be used to conduct due diligence on you and your organisation as part of that process, contact you by phone or email, to compile published lists of award holders, which may be available on the internet and in our Annual Report. We may share your information with our funders and partners and other partners and funders for monitoring and reporting purposes.

An applicant will be deemed to have given their explicit consent to LCF to process the data they have set us in their application in accordance with the General Data Protection Regulation 2018 by signing an application form.