|  |  |
| --- | --- |
|  | ../../A%20Misc/Logos/LCF%20New%20Logo%20Artwork%20Files-Jul21%20v.2%202/LCF%20Logo%20Full%20Colour%20Positive/LCF-Logo-FC  **THE BISHOP OF LINCOLN’S SOCIAL JUSTICE FUND**  **FOR GREATER LINCOLNSHIRE**  **APPLICATION FORM**  Please read the guidelines carefully **BEFORE** you complete your application.  **SECTION 1 – ABOUT THE APPLICANT** |

* 1. Name of your organisation
  2. Organisation Address details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | |  | | |
| Address | |  | | |
| Address | |  | | |
| Post Town | |  | Post Code |  |
| Main Phone | |  | Email |  |
| Web Address | |  | | |
| ***Main contact person*** | | | | | |
| Title:  (please circle) | | Miss / Ms / Mrs / Mr / Other | | | |
| Name: | |  | | | |
| Position: | |  | | | |
| Address: | |  | | | |
| Telephone: | |  | | | |
| Mobile phone: | |  | | | |
| E-mail: | |  | | | |

**1.3** When did your organisation start?

**1.4** What type of organisation are you? (Tick as appropriate) Please provide a copy of your set of rules or Constitution.

|  |  |  |  |
| --- | --- | --- | --- |
| A registered Charity | Yes / No | Charity/organisation number |  |
| Constituted group | Yes / No |  |  |
| CIC | Yes / No |  |  |
| CIO | Yes / No |  |  |
| PCC | Yes / No |  |  |
| Other (please state) | Yes / No |  |  |

**1.5** Are you part of a larger regional or national organisation?

|  |  |
| --- | --- |
| A locally managed organisation? | Yes / No |
| Part of a larger regional or national organisation? | Yes / No |

If your organisation is a part of a larger regional or national organisation please provide details:

* 1. Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers):

|  |  |  |  |
| --- | --- | --- | --- |
| Full time Staff / Workers |  | Management committee |  |
| Part Time Staff / Workers |  | Volunteers (not including  Management Committee) |  |

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

|  |
| --- |
|  |

**1.8** To help us understand the difference you make please tell us how you have helped an individual in the past and the change your organisation has made to their life.

Please provide a case study of a person whose life has been considerably enhanced by your project or organisation.

We always welcome photographs that demonstrate the impact of a project; if you have a relevant picture of your previous work, please attach with your completed application.

Note: Please specify if you are a new organisation, we do not expect you to have previous examples and this will have no bearing on the success of your application.

**1.9 Please tell us about your organisation's experience of helping people and the impact of your previous work; you may also want to tell us about the people involved in your project and why you are confident in their ability to make the project succeed.**

This is about your organisation’s track record in delivering the proposed project or similar work you have delivered in the past. If you are new to delivering this type of work, please tell us about the skills you have in your organisation, that will help to ensure the project will achieve the intended impact. You can also tell us about any partners. If you have delivered projects successfully in the past, please be as specific as possible about what was achieved.

**1.10** What policies do you have in place?

|  |  |  |  |
| --- | --- | --- | --- |
| **1.11** Tell us if you receive funding for your organisation. We want to know if your organisation has any experience in managing grants, donations and other funding.  If you have received any funding over the last 2 years please provide details of where the funding has come from, when you received the funds and the size of the grants. | | Yes/No | |
| If so, please provide details | | | |
| Name of Funder/Year of grant | Reason for Grant | | Amount |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |

**SECTION 2 – ABOUT YOUR APPLICATION**

**2.1** What would you like to do with your grant? Please describe your project/activity and how it suits the grants programme criteria.

Have you budgeted all staff costs at the Living Wage? Please provide any comments on any difficulties or positive impact this will have on your organisation.

|  |
| --- |
|  |

**2.2** Is this project for (please click one):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New work |  | Expansion |  | Existing work |

**2.3** Please give us the timescale of your project

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

**2.4** In which Local Authority will the activity take place in?

**2.5** In which area (estate, village or town) do most of the people who will benefit

reside?

**2.6** Have you made links to the local Church of England Parish Vicar in relation to the project? If so, please provide details i.e. letter outlining evidence of engagement/consultation. If not, please indicate how you intend to do so.

|  |
| --- |
|  |

**2.7** Please tell us about the people or community accessing your services and the issues they face. (E.g. low income, lack of facilities, lack of opportunity).

|  |
| --- |
|  |

**2.8** Please outline the benefits or outcomes that you expect to achieve as a result of the funding. What difference will the project make to the people who will benefit?

|  |
| --- |
|  |

**2.9** Please explain how you will measure and report on the positive changes made?

Please include any plans to involve communities that will benefit in this?

* 1. Will the project continue after the funding ends? If it will, how will it be funded?

If not, why not?

|  |
| --- |
|  |

**SECTION 3 - BENEFICIARIES**

* 1. Approximately how many people currently benefit from the service/activities you provide?

**3.2** Will this number increase if you receive funding? If yes, by how many?

* 1. Primary beneficiaries

Enter into the box below a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Children & Young People |  | Women |  | People with mental health disabilities |
|  | Older People |  | People in Rural Areas |  | Black and Minority Ethnic Groups |
|  | People with physical disabilities |  | People in urban areas |  | Ex-Offenders |
|  | Others (please state): | | | | |

**3.4** Priority Areas

Enter into the box below a **single** option from the list below. This should represent the primary issue that will be addressed by this grant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Social cohesion |  | Poverty |  | Isolation |

**3.5** Primary Age group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Early Years (0-4) |  | Young People (13 – 18) |  | Adults (26 –64) |
|  | Children (5 – 12) |  | Young Adults (19 – 25) |  | Seniors (65+) |

**3.6** Do you charge for the services you provide? If yes, how much per session?

**SECTION 4 – PROJECT BUDGET**

|  |  |
| --- | --- |
| **4.1** How much money are you applying for? |  |

**4.2** Please provide details of costs for your project. If any of your costs do not fit into these headings please list them in “other costs”. Tell us in the “description of costs” column what each item is and how much it is costing. **Please give a full and detailed breakdown of all costs. General Figures may delay the processing of your application.**

|  |  |  |
| --- | --- | --- |
| **Type of cost** | **Description of cost** | **Total cost £**  **(incl. VAT)** |
| **Staff and volunteer costs**  e.g. salaries, Have you budgeted all staff costs at the Living Wage? |  |  |
| **Operational/activity costs**  e.g. equipment or venue hire  food/refreshments  childcare |  |  |
| **Office, overhead, premises costs**  e.g. rent  postage  telephone/fax  heating/lighting/water |  |  |
| **Capital costs**  e.g. equipment costs |  |  |
| **Publicity costs**  e.g. designing and printing publicity  material |  |  |
| **Other Costs**  (please specify) |  |  |
| **Total** |  |  |

**4.3** If the total of you project budget is higher than the amount requested, how much has been raised so far?

|  |  |
| --- | --- |
| Total cost of your project | £ |
| Amount requested from us | £ |
| Balance | £ |

How has the balance been raised?

**SECTION 5 – BANK DETAILS**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sort Code: | | | | | |  | Account No | | | | | | | | |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |

**How many cheque signatories are required?**

**SECTION 6 – SIGNATURE OF APPLICANT**

**Organisation Chair, Secretary or Treasurer**

|  |  |
| --- | --- |
| Signature  *please sign* |  |
| Name  *please print or type* |  |

**Organisation Chair, Secretary or Treasurer**

|  |  |
| --- | --- |
| Signature  *please sign* |  |
| Name  *please print or type* |  |
| Dated |  |

**SECTION 7 – 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.*
* *If you do not spend all of the award on the eligible project or activities, you will be required to return the remaining amount to Lincolnshire Community Foundation.*
* *If you fail to advise us of the disposal of grant-aided capital items, we may require the grant to be returned.*
* *As a condition of making a grant we will ask you to complete a monitoring form.*
* *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.*

**Checklist, have you enclosed:**

|  |  |
| --- | --- |
| This signed and completed application form |  |
| Any additional papers you used to answer the questions above |  |
| Your organisation’s set of rules/terms of reference/constitution |  |
| Names, addresses and roles of your management committee |  |
| Your last set of annual accounts and a copy of a recent bank statement |  |
| Letter of support from your Local C of E Vicar |  |

**What next?**

Please ensure that you have completed all sections of the application form, have the enclosures ready (see the above checklist) and then send a copy *(electronically or in hard copy)*, together with the attachments to:

Helen Cater

Lincolnshire Community Foundation

4 Mill House, Carre Street, Sleaford Lincs. NG34 7TW

T - 01529 305825

E – [helen@lincolnshirecf.co.uk](mailto:helen@lincolnshirecf.co.uk)