**Horncastle & District Health and Wellbeing Fund**

**Group Application Form**

* Please ensure you familiarise yourself with the guidance notes before completing the application form. The guidance notes can be found on our website: [www.lincolnshirecf.co.uk](http://www.lincolnshirecf.co.uk)
* Responses should be thorough, applicants should assume the assessor or local panel have no prior knowledge of your organisation, who runs it or the community in which you operate.
* Please ensure when submitting the completed application form, you have included copies of the documents outlined in the ‘supporting documents’ section, as without these, the assessor will be unable to properly process your application.

**Your Details** (Person completing this form)

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| **Full name** |  |
| **Position within the organisation** |  |
| **Contact telephone number(s)** |  |
| **Email address** |  |

**Your Organisation**

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| **Name of Organisation** |  |
| **Email address of Organisation** |  |
| **Address of Organisation** |  |
| **Postcode of Organisation** |  |
| **When did your Organisation start?** |  |

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| **Do you own rent or lease the premises your run from** |  |
| **If leased, when does your current lease end?** |  |
| **If renting, please tell us how much rent you pay, and to who** |  |
| **If owned, do you have a loan or mortgage or own outright.**  |  |
| **Any other information relevant to your premises.**  |  |

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| **Please share the story of your organisation with us, describing its overall aims and objectives, what activities/services you provide, who to (demographic), how often, where from etc.**  |
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| **How many people currently access the activities provided? If you deliver more than one activity, please set out age ranges with number of participants for each activity/service.**  |
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| **Type of organisation**  | **Yes** | **Please supply registration number if relevant** |
| **A registered charity** |  |  |
| **Company limited by guarantees** |  |  |
| **Charitable Incorporated Organisations** |  |  |
| **Unincorporated club or association** |  |  |
| **Community interest company**  |  |  |
| **Constituted community group** |  |  |
| **Other (please specify)** |  |  |

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| **How many people are involved in your organisation?** | **Number** |
| **Full-time paid staff / workers** |  |
| **Part-time paid staff / workers** |  |
| **Management Committee** |  |
| **Volunteers and helpers** |  |

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| **How does your organisation generate income? (Fundraising / grant funding / membership fees / donations etc). Is your organisation reliant on grant funding to remain sustainable? If so, what percentage is covered by this? If not, please tell us how you generate income?**  |
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**The project you require funding for**

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| **Please let us know exactly how you will spend any grant funding and explain what the project is, providing as much detail as possible in order for us to fully understand what you intend to do.**  |
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| **Why is the project needed locally (equipment or services etc) and why this is important to your community?**  |
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| **What is the timescale of the funded project?** |
| **Start spending funding**  |  | **Finish spending funding** |  |

**Project Outcomes/Beneficiaries**

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| **How will this funding this project ultimately benefit your organisation and local residents? Tell us how you will demonstrate the project has been a success or what the longer-term impact is likely to be.**  |
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| **If this is an ongoing project? If so, how will it be delivered, funded and/or resourced in the future?**  |
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| **Where do most project beneficiaries live?** |  |
| **How many people will benefit from this project?** |  |

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| **Beneficiaries: please indicate the main group who will benefit by inserting a number 1 in the appropriate box. Please indicate any other beneficiaries by inserting a number 2 in the appropriate box.**  |
| **Children / young people** |  | **Older adults** |  | **Women** |  |
| **Men** |  | **Minoritised communities** |  | **People living with mental health issues** |  |
| **People living with physical disabilities** |  | **People living with hidden disabilities** |  | **Families / parents**  |  |
| **Refugees/asylum seekers or immigrants** |  | **LGBTQ+** |  | **Long term unemployed** |  |
| **Ex-offenders/ offenders of those at risk of offending** |  | **Carers** |  | **Homeless people** |  |
| **People with addictions** |  | **Victims of crime, violence, or abuse** |  | **Local residents** |  |
| **Other (please specify)** |  |

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| **Ethnicity: please indicate the main ethnic group of those who will benefit from by inserting a number 1 in the appropriate box. Please indicate any other ethnic groups by inserting a number 2 in the appropriate box.** |
| **White** |  | **Black Caribbean & white** |  | **Chinese** |  |
| **White British** |  | **Black African & white** |  | **Mixed** |  |
| **White Irish** |  | **Black & Black British** |  | **Indian**  |  |
| **White Eastern Europe** |  | **Caribbean** |  | **Pakistani** |  |
| **White gypsies / travellers** |  | **Other Black** |  | **Bangladeshi** |  |
| **Other white** |  | **Asian & White** |  | **Other Asian** |  |
| **Other** |  |  |  |  |  |

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| **Age group: please indicate the main age group of those who will benefit from the funded project by inserting a number 1 in the appropriate box. Please indicate any other age groups by inserting a number 2 in the appropriate box** |
| **Early years** **0-4yrs** |  | **Children** **5-12yrs** |  | **Young people** **13-18yrs** |  |
| **Young adults** **19-25yrs** |  | **Adults 1****6-64yrs** |  | **Older adults** **65+yrs** |  |

**Finance / Project Costs**

*PLEASE COMPLETE IN FULL*

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| **Total project cost** |  |
| **How much has been raised so far?** |  |
| **Amount requested from us** |  |
| **Balance** |  |
| **If there is a balance, how will you raise the funds to complete your project? Please include details of any funding already raised.**  |
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**This section MUST be completed with full detail**

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| **Outline of Project Costs: Please provide a detailed breakdown of the total cost of the whole project below: *(Please attach quotes for equipment)* – If you would prefer to submit your own breakdown in a different format please do so.**  |
| **Item** | **Amount £** |
| **Equipment (specify each item & provide quotes)** |  |
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| **Room hire/premises costs** |  |
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| **Training costs (Please provide details of trainers)** |  |
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| **Volunteer expenses (please give breakdown)** |  |
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| **Other items** |  |
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| **Total costs**  |  |

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| **Have you received grant funding from us, or any other organisation in the last 2 years? Please provide details below. (use a separate sheet if necessary)** |
| **Name of funder** | **Reason for grant** | **Amount** |
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| **Account name (Must be in the name of the organisation)** |  |
| **Sort code**  |  |  |  |  |  |  |  |  |
| **Account number** |  |  |  |  |  |  |  |  |
| **Bank / Building society name** |  |
| **Bank / Building society address** |  |
| **How many signatories are on the account** |  |

**Supporting documents**

Please note that without these documents, we will be unable to process your application.

Registered charities do not need to provide information we can access via the charities commission

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| **Please include all relevant documentation** | **Initial when included (give reasons if not provided)** |
| **Your organisation’s latest set of annual accounts or income and expenditure details (or 6 months’ worth of bank statements if you have been open less that 1 year).**  |  |
| **A recent bank statement from all accounts in your organisations name** |  |
| **Copy of your Safeguarding Policy** |  |
| **Set of rules/terms of reference or constitution** |  |
| **Evidence of cost / quotes for all individual** **pieces of equipment or capital costs.** |  |
| **Names, addresses and roles of your management committee/trustees** |  |

**CONDITIONS OF GRANT**

Please sign below to accept a grant from the Bicker Trust with the following Conditions:

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| **No.**  | **Condition** | **Initial**  |
| **1.** | **The Grant, administered by the Lincolnshire Community Foundation (LCF), will be used for the purpose outlined in the application. Any changes to the project must be agreed with LCF.** |  |
| **2.**  | **We will spend the grant within one year of its receipt or any other timetable set by LCF.** |  |
| **3.**  | **Any grant money not spent on the project will be repaid to LCF.** |  |
| **4.**  | **We will not dispose of grant-aided equipment without LCF agreement. Any money raised will be refunded to LCF.** |  |
| **5.**  | **We will not change our rules, aims or constitution without LCF agreement.** |  |
| **6.**  | **We will acknowledge LCF and display their logo in relevant publicity and publications, as well as acknowledging this funding via our social media networks (Facebook, Twitter etc.).** |  |
| **7.**  | **We accept that LCF may use our project for publicity purposes and, where possible, will display a plaque in recognition of this funding.** |  |
| **8.**  | **We will not bring the fund, or LCF, into disrepute and undertake to return all funding should it be determined that we have done so.** |  |
| **9.**  | **We will complete an end of grant report, comply with regular expenditure and monitoring requirements, and provide good practice items and/or case studies.** |  |
| **10.**  | **We will keep all receipts and accounts relating to grant-aided expenditure for six years from receipt. As a minimum these will consist of a simple cash book recording all receipts and payments which should be maintained and reconciled on a monthly basis. These records to be made available to LCF if requested.** |  |
| **12.**  | **LCF will require repayment of all or part of the grant if the project is abandoned for any reason or if there is non-compliance with any of these conditions.** |  |

**I confirm that I have read and understand the terms and conditions set out in this application.**

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| **Signature of applicant** |  |
| **Date** |  |

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| **If you are happy to be contacted in the future regarding LCF news, including upcoming grants and newsletters.** | **Yes** | **No** |
| **If you agree to let LCF publicise your group/project on social media/media platforms?** | **Yes** | **No** |
| **If you are happy for LCF to share your story including photos/videos you send on our social media/media platforms?** | **Yes** | **No** |
| **If you agree to let LCF pass on your details to other funders and groups doing similar work.** | **Yes** | **No** |

**Declaration**

I certify that the information provided in this application form is true and complete to the best of my knowledge. I am aware that this application is subject to review and verification and if such information has been falsified my application will be terminated and for fraud and may result in a civil penalty or criminal prosecution.

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| **Name of person completing this form** |  |
| **Position in the organisation** |  |
| **Signature** |  |
| **Date** |  |

**Please submit via email where possible, including supporting documents to:**

**Katie Littlewood:** **katie@lincolnshirecf.co.uk**

**Or post if you are unable to email to:**

**Katie Littlewood. Lincolnshire Community Foundation. 4 Mill House.**

**Carre Street, Sleaford, Lincs, NG34 7TW**

LCF will use the submitted details internally for administration purposes. As some of the information is classed as “personal data” it will be processed in accordance with the rights and obligations of the Data Protection Act 2018.