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**ELIF GRASSroots Grants**

**Application Form**

* Please ensure you familiarise yourself with the grant Guidelines before completing the application form. They can be found on our website: [www.lincolnshirecf.co.uk/grants/elif/](http://www.lincolnshirecf.co.uk/grants/elif/)
* Responses should be thorough. Applicants should assume the assessor and 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 may be unable to process your application.

**1.0 MAIN CONTACT PERSON** (Person completing this form)

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| --- | --- |
| 1.1 Full name (including title) |  |
| 1.2 Position within the organisation |  |
| 1.3 Contact telephone number(s) |  |
| 1.4 Email address |  |

**2.0 ORGANISATION DETAILS**

|  |  |
| --- | --- |
| 2.1 Name of Organisation |  |
| 2.2 Email address of Organisation |  |
| 2.3 Address of Organisation |  |
| 2.4 Postcode of Organisation |  |
| 2.5 Telephone of organisation |  |

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| 2.6 When did the Organisation start? |  | |
| 2.7 Current turnover of organisation |  | |
| 2.8 VAT registered? | Y/N | If yes, please provide your VAT no. here |

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| 2.9 Type of organisation | Select from list | Please supply registration number if relevant |
| A registered charity |  |  |
| Charitable Incorporated Organisations (CIO) |  |  |
| Community interest Company (CIC) |  |  |
| Unincorporated club or association |  |  |
| Constituted community group |  |  |
| Parish Council |  |  |
| Town Council |  |  |
| Company limited by guarantee |  |  |
| Other (please specify) |  |  |

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| Is your organisation: | | |
| 2.10 Locally managed? | Yes | No |
| 2.11 Part of a larger regional or national organisation? | Yes | No |

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| How many people are currently involved in, and benefit from the services you offer? | **Number** |
| 2.12 Full-time paid staff / workers |  |
| 2.13 Part-time paid staff / workers |  |
| 2.14 Management Committee or Trustees |  |
| 2.15 Volunteers and helpers |  |
| 2.16 Number of beneficiaries |  |

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| **Premises Ownership Status** – please mark the status relevant to your organisation and provide the requested information in the box next to that status. | | | |
| 2.17 Do you own, rent and lease the premises you run from? | Yes | | No |
| 2.18 If leased, when does your current lease end? |  |  | |
| 2.19 If renting, please tell us how much rent you pay, and to who |  |  | |
| 2.20 If owned, do you have a loan or mortgage or do you own outright. |  |  | |
| 2.21 Is there any other information relevant to your premises we should be aware of? |  |  | |

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| 2.22 Please describe the overall aims and objectives of your organisation. What activities/services it provides, who to (demographic), how often, and where from etc. |
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| 2.23 Do you currently make a charge per person for your services? If so, please provide details. |
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| 2.24 Do any of your existing services include community-led arts, heritage, and creative programmes? If so, how many? |
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| 2.25 Which of these policies do you have in place?  \* N.B. Safeguarding Policies must be evidenced as supporting documentation if the project involves activities with children and vulnerable adults. | | |
| Safeguarding Policy\* | Yes | No |
| Health and Safety Policy | Yes | No |
| Privacy Policy (Data protection) | Yes | No |
| 2.26 Do you have Public Liability Insurance? | Yes | No |

**3.0 YOUR PROJECT**

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| 3.1 Please describe how you will use this funding. Provide as many details as you can about your proposed project, what you wish to achieve, and how it fits the grant’s criteria. |
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| 3.2 Where will the project be based/delivered (within a specific District or across multiple Districts). |
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| 3.3 Please tell us who will benefit from the project, why there is a need, and the reason it is important to your community? Has the organisation carried out any community engagement/consultation that demonstrates support for the project? If so, please provide details. |
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| 3.4 Please explain your organisation’s capacity and experience in developing and delivering this type of project/activity. |
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| 3.5 Please list the main challenges or risks associated with the successful delivery of your project and how you propose to mitigate them. |
| Challenges and risk: |
| Mitigation: |

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| 3.6 How does the organisation generate income? (Fundraising / grant funding / membership fees / donations/precept etc). Is the organisation reliant on grant funding to remain sustainable? If so, what percentage (if known) needs to be secured by grants to cover these costs? |
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| 3.7 Please indicate the key milestones which your project has already achieved: **Yes No Not applicable** | | | |
| Project design completed |  |  |  |
| Management & delivery processes agreed |  |  |  |
| All aspects of project costed |  |  |  |
| Full business plan / case available for review |  |  |  |
| Project supported / approved internally by applicant organisation |  |  |  |
| Recruitment complete / resources in place to commence delivery |  |  |  |
| Financial management, governance, and reporting systems in place |  |  |  |
| Relevant permissions / licences obtained |  |  |  |
| Marketing / Beneficiary engagement plans in place |  |  |  |
| Delivery risk register available |  |  |  |
| Confirmed match funding in place |  |  |  |
| Project already underway |  |  |  |
| Other (Please specify) |  |  |  |

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| 3.8 Is your project already running? | Yes | No | |
| 3.9 When will activity start? | Within 3 months | In 2025/2026 | In 2026/2027 |
| 3.10 When will expenditure be incurred? | Within 3 months | In 2025/2026 | In 2026/2027 |
| 3.11 When will outcomes be delivered? | Within 3 months | In 2025/2026 | In 2026/2027 |

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| 3.12 What is the timescale of the funded project? | | | |
| Date start spending funding |  | Date finish spending funding |  |

**4.0 PROJECT OUTCOMES/BENEFICIARIES**

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| 4.1 How will this project benefit the applicant organisation and local residents? Tell us too how you will gather evidence to show it’s been a success, validate outcome numbers and support understanding of what the longer-term impact is likely to be. | |
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| 4.2 How many people will benefit from this project? |  |

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| 4.3 What are your desired outcomes of this project? Please mark all that relate to your project and attribute an estimate number of people that will benefit against each outcome selected in the far column.  **We ask that you please provide realistic objectives for these as we will utilise these numbers when it comes to reporting expectations should you be successful.** | | | |
| **Desired Outcomes** | **Select** | **Number at point of application** | **Anticipated number following project** |
| Improved engagement numbers (measured in number of people) |  |  |  |
| Improved resident perception of community facilities/amenities (measured in number of people) |  |  |  |
| Increase in the number of users of community facilities/amenities (measured in number of people) |  |  |  |
| Increase in the number of volunteering opportunities (measured in number of opportunities) |  |  |  |
| Increase in the number of community-led arts, cultural and heritage programmes (measured in number of programmes) |  |  |  |
| Other. Please provide details |  |  |  |

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| 4.4 Is this an ongoing project? If so, how will it be delivered, funded and/or resourced in the future? |
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| 4.5 **Equality and diversity**  List any positive or negative impact that your project may have on any of the protected characteristic: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.  [**https://www.equalityhumanrights.com/en/equality-act/protected-characteristics**](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics) |
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| 4.6 **Net carbon**  List any positive or negative environmental impacts that your project may have. |
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| 4.7 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 |  | Families / parents |  |
| Local residents |  | LGBTQIA+ |  | Long term unemployed |  |
| People with addictions |  | Carers |  | Homeless people |  |
| People living with physical disabilities |  | People living with hidden disabilities |  | People living with mental health issues |  |
| Refugees/asylum seekers or immigrants |  | Victims of crime, violence, or abuse |  | Ex-offenders/ offenders or those at risk of offending |  |
| People in rural areas |  | People in urban areas |  |  |  |
| Other (please specify) | | | | | |

**5.0 FINANCE / PROJECT COSTS**

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| --- | --- | --- | --- | --- |
| 5.1 What is the total cost of the project? | £ | | | |
| 5.2 How much are you applying for? | £ | | | |
| 5.3 How much has been raised by means of match? | £ | | | |
| 5.4 Is there a shortfall in funds? If yes, how much? | Yes | No | | £ |
| If yes, how will you raise the balance of funds? |  |  | |  |
| 5.5 Is match funding secured? | Yes | | No | |
| If yes, please provide details of any potential or secured sources of match funding: | | | | |

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| 5.6 **Outline of Project Costs:** Please provide a detailed breakdown of the total cost of the whole project below. If you would prefer to submit your own breakdown in a different format, please do so. | | | |
| **Item** | **Amount £** | | |
| **Capital Delivery Costs**: e.g. equipment (specify each item & provide quotes) | **2023/24** | **2024/25** | **Total** |
|  |  |  |  |
| **Revenue Delivery Costs**: e.g. Room hire / premises costs / overheads / admin / staff costs / Volunteer expenses (please give breakdown) | **2023/24** | **2024/25** | **Total** |
|  |  |  |  |
| **Marketing/Engagement Costs**: Publicity costs | **2023/24** | **2024/25** | **Total** |
|  |  |  |  |
| **Design & Development Costs**: | **2023/24** | **2024/25** | **Total** |
|  |  |  |  |
| **Other Costs:** e.g. Training costs (Please provide details of trainers) | **2023/24** | **2024/25** | **Total** |
|  |  |  |  |
| **Total costs** | **£** | **£** | **£** |

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| 5.7 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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| 5.8 What are your organisations bank details? | | | | | | | | | |
| Account name |  | | | | | | | | |
| Sort code |  |  |  |  |  |  |  |  | |
| Account number |  |  |  |  |  |  |  |  |  |
| Bank / Building society name |  | | | | | | | | |
| Bank / Building society address |  | | | | | | | | |
| How many signatories are on the account? |  | | | | | | | | |

**6.0** **SUPPORTING DOCUMENTS**

* Please note that without these documents, we may be unable to process your application.
* Town/Parish/Parochial Church Councils need not provide Constitutional information.

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| **Please include the below documentation with your application:** | **Mark if included (give reasons if not provided)** |
| The organisations latest set of annual accounts, or income & expenditure details if accounts are unavailable, or 3 months’ worth of bank statements if the organisation has been open less than 1 year). |  |
| Your organisation’s set of rules / terms of reference / constitution |  |
| Evidence of cost / quotes for all individual pieces of equipment or capital costs. |  |
| A recent bank statement from all accounts in your organisations name |  |
| Copy of your Safeguarding Policy |  |
| Names, addresses, and roles of your management committee / trustees. |  |
| Any additional papers used to answer the questions above. |  |

**7.0 CONDITIONS OF GRANT**

By completing this application form you are confirming that you certify to the best of your knowledge that the information submitted on this form is true and correct and that you have the appropriate level of responsibility to sign on behalf of your organisation to accept a grant from ELIF GRASSroots Grants with the following Conditions:

1. The grant fund, 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. The organisation’s rules, aims or constitution will not change without LCF agreement.
3. The grant will be spent within one year of its receipt, or any other timetable set by LCF. Funds received should be spent no later than 31 August 2026. The funds should be used for the purpose they were approved, and you will notify us of any proposed material change to the project.
4. Any grant monies not spent within the project timelines or one year (whichever is the earliest), will be repaid to LCF. There should be no assumption the funds can be carried forward.
5. Any grant monies spent on retrospective activities will be repaid to LCF.
6. The grant is a donation, and LCF are not liable for the consequences of its use. LCF reserves the right to reclaim any money which has been paid as the result of fraudulent or misleading claims.
7. Grant-aided equipment will be listed in an asset log held by you and not disposed of without LCF’s agreement. Any money thus raised will be refunded to LCF.
8. You will keep all receipts and accounts relating to grant-aided expenditure for seven years from receipt. These records to be made available to LCF if requested.
9. 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.
10. The organisation will not bring GRASSroots Grants or LCF into disrepute, and will return all funding, should it be determined that we have done so.
11. Providing false or misleading information on your 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.
12. You will notify LCF if you become aware of any fraud within the project by either staff or management committee members. If fraud is found to have taken place, funding will be repaid to LCF.
13. Your will keep proper audited or independently examined accounts, with a clear audit trail. LCF reserves the right to inspect these records.

1. You will 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.
2. Your organisation complies with UK laws and meet Equal Opportunities legislation.
3. 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.
4. You will notify us if an allegation relating to safeguarding or health and safety is to be investigated or has been proved.
5. Your organisation carries out the appropriate DBS checks if they work with young people or vulnerable adults.
6. Your organisation will acknowledge this funding on Facebook using @Lincscf, and LinkedIn using @Lincolnshire Community Foundation, and using #ELIF to tag the Funder on social media networks. Please also display the attached logo in relevant publicity and publications.
7. Your organisation accepts that LCF and East Lindsey District Council may use project details for publicity purposes. Please ensure that permission has been sought from anyone featuring in any images shared with LCF for publicity reasons.
8. Your organisation will complete an Impact Report, comply with regular expenditure, monitoring and baseline data requirements, provide good practice items and/or case studies and allow representatives from LCF staff and/or East Lindsey District Council to visit the project to ensure the grant has been used for the purposes intended.
9. You agree to provide LCF with copies of relevant photos and press publicity which we may use.

1. You will disclose grants over £5,000 in your statutory accounts.

**Organisation Chair, Secretary or Treasurer Agreement:**

|  |  |
| --- | --- |
| Organisation |  |
| Date |  |
| Signature |  |
| Name (please print or type) |  |

Footnote:

ELIF GRASSroots Grants is managed by Lincolnshire Community Foundation CIO (charity number 1196448) and overseen by representative(s) from the Foundation, local authority, strategic partners, and the community and voluntary sector.

Lincolnshire Community Foundation will use details submitted internally for administration purposes. As some of the information may be classified as “personal data” it will be processed in accordance with the rights and obligations of the Data Protection Act 2018. Our privacy policy is available on the footer of our website - <https://lincolnshirecf.co.uk>

All complaints for this Fund will be managed through the Lincolnshire Community Foundation’s complaints procedure in the first instance. Non-resolved complaints regarding ELIF-funded projects will then be reviewed and arbitrated by the UKSPF Delivery Team at East Lindsey District Council.

NB Much of the information collated within the Application Form and Impact Report will be used to demonstrate how the funds have created more inclusive, accessible community facilities and opportunities. They may be vital to LCF and East Lindsey District Council in our efforts to secured additional funding.

**8.0 DECLARATION**

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

I confirm that I have read and understood the Fund Guidelines provided by LCF prior to this applying to this Grant.

I understand that LCF have requested information about the 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 the information given on the application form is true and the group organisation has formally agreed I can act on their behalf. I confirm 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.

|  |  |
| --- | --- |
| **Name of person completing this form** |  |
| **Signature** |  |
| **Date** |  |

**FEEDBACK**

We are constantly reviewing our processes and would welcome your feedback (positive or negative). Experience from initial contact through to applying and any areas you feel that can be improved on.

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| Are you happy to be contacted in the future regarding LCF news, including upcoming grants and newsletters? | Yes | No |
| Do you agree to let LCF and East Lindsey District Council publicise your group/project on social media/media platforms? | Yes | No |
| Are you happy for LCF and East Lindsey District Council to share your story including photos/videos you send on our social media/media platforms? | Yes | No |
| Do you agree to let LCF pass on your details to other possible funders or support agencies? | Yes | No |

**Please submit via email, including all supporting documents to ELIF GRASSroots:** [**elif@lincolnshirecf.co.uk**](mailto:elif@lincolnshirecf.co.uk)

Or if you are unable to email, post to ELIF GRASSroots, Lincolnshire Community Foundation, 4 Mill House, Carre Street, Sleaford, Lincs, NG34 7TW 01529 305825