|  |  |
| --- | --- |
|  | Logo, company name  Description automatically generated  **HIGH SHERIFFS’ FUND**  **APPLICATION FORM**  **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 | | | |
| 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 number |  |
| Constituted group | 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 incl  Management Committee) |  |

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

1.8 What policies do you have in place?

|  |  |  |  |
| --- | --- | --- | --- |
| 1.9 Have you ever received grant funding before from us or any other funder in the last 2 years? | | 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 (please continue on a separate sheet if necessary)

2.2 Is this project for (please click one): New work To continue 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, town) do most of the people who will benefit

reside?

2.6 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)

2.7 Please outline the benefits or outcomes that you expect to achieve as a result of the funding.

* 1. Will 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?

3.3Primary 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 |  | BME groups |
|  | People with physical disabilities |  | People in urban areas |  |  |
|  | Others (please state): | | | | |

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 so, how much per session?

**SECTION 4 – PROJECT BUDGET**

|  |  |
| --- | --- |
| 4.1How 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.

|  |  |  |
| --- | --- | --- |
| Type of cost | **Description of cost** | **Total cost £**  **(incl. VAT)** |
| **Staff and volunteer costs**  e.g. salaries |  |  |
| **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 – CONSENT & SIGNATURE OF APPLICANT**

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.

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

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.

If I have obtained personal information about any other person in support of this application, I confirm that I have obtained consent from that person(s) to use and share the information as described above.

I authorise Lincolnshire Community Foundation to contact me directly about this application and declare that the information I have given on this form is complete and correct to the best of my knowledge.

#### Declaration

#### Tick this box to confirm that you understand the information in this application form may be used to promote this grant externally on marketing materials, on social media and that you are willing to take part in any publicity activities. You can contact Lincolnshire Community Foundation if you, or anyone named in your application, have any concerns with the information being used publicly.

#### 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.

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.

|  |
| --- |
|  |

**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.*
* *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.*

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

**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. |  |

#### 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 to:

Sue Fortune: Lincolnshire Community Foundation,

4 Mill House, Carre Street,

Sleaford Lincs. NG34 7TW

T – 01529 305825 sue.lincolnshire@btconnect.com