

## North Kesteven Lottery Grant Scheme

- Please ensure you familiarise yourself with the grant Guidelines which can be found on our website [www.lincolnshirecf.co.uk](http://www.lincolnshirecf.co.uk).
- 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.

### MAIN CONTACT PERSON (Person completing this form)

Full name (including title)	
Position within the organisation	
Contact telephone number(s)	
Email address	

### GROUP / ORGANISATION DETAILS

Name of Group / Organisation	
Email address of Group / Organisation	
Address of Group / Organisation	
Postcode of Group / Organisation	
Telephone of Group / Organisation	

When did the Group / Organisation start?	
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Structure	Select from list	Please supply registration number if relevant
Constituted community group	<input type="checkbox"/>	
Unincorporated club or association	<input type="checkbox"/>	
A registered charity	<input type="checkbox"/>	
Charitable Incorporated Organisations (CIO)	<input type="checkbox"/>	
Community interest Company (CIC)	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

How many people are involved in the Group / Organisation?	Number
Full-time paid staff / workers	
Part-time paid staff / workers	
Management Committee or Trustees	
Volunteers and helpers	

Please describe the overall aims and objectives of your organisation. What activities/services it provides, who to (demographic), how often, and where from etc.

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 <input type="checkbox"/>	No <input type="checkbox"/>



Health and Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Privacy Policy (Data protection)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Public Liability Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 3.0 YOUR PROJECT

Please describe how you will use this funding. Provide as many details as you can about your proposed project, what you wish to achieve, is there anything similar available locally, if so, please provide details.

Where in North Kesteven will the project be based/delivered?

Please tell us who will benefit from the project, how many people will the funding directly support and why there is a need to your local community.

Please explain your groups / organisation's capacity and experience in developing and delivering this type of project/activity.

How does the group / organisation generate income? (Fundraising / grant funding / membership fees / donations/precept etc). Is the group / organisation reliant on grant funding to remain sustainable?

Is your project already running?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When will activity start?		
When will expenditure start (month)?		
When will expenditure be completed (month)?		

### FINANCE / PROJECT COSTS

What is the total cost of the project?	£		
How much are you applying for?	£		
Is there a shortfall in funds? If yes, how much?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	£
If yes, how will you raise the balance of funds?			
Have you applied to any other funder for a grant towards the project costs? Please provide full details.			

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?	

## SUPPORTING DOCUMENTS

Please include the below documentation with your application:	Mark if included (give reasons if not provided)
The group / organisations latest set of annual accounts, or income & expenditure details if accounts are unavailable, or 3 months' worth of bank statements if the group / organisation has been open less than 1 year.	<input type="checkbox"/>
Your organisation's set of rules / terms of reference / constitution.	<input type="checkbox"/>
A recent bank statement from all accounts in your organisations name with at least two signatories who are not related or living in the same household.	<input type="checkbox"/>
Other relevant policies and procedures such as your Safeguarding Policy and Equal Opportunities etc.	<input type="checkbox"/>
Names, addresses, and roles of your management committee / trustees (with a minimum if at least two unrelated people)	<input type="checkbox"/>
Evidence the balance of project costs has been secured/pledged (match funding).	<input type="checkbox"/>
Quotations to support any costs over £100.	<input type="checkbox"/>
Any additional informational papers used to answer or support the questions above (i.e. Planning permission or listed building consent for graded buildings)	<input type="checkbox"/>

## 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 North Kesteven Lottery Fund with the following Conditions:

1. We will use the information you have provided to process your application for a grant from us and to administer any grant we award.
2. 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.
3. 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.
4. 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.
5. If you fail to advise us of the disposal of grant-aided capital items, we may require the grant to be returned.
6. As a condition of making a grant we will ask you to complete a monitoring form.
7. You will keep records of expenditure for at least seven years, which will be supplied to us if requested.
8. 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.
9. You comply with UK laws and meet Equal Opportunities legislation.
10. 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.
11. You will carry out the appropriate DBS checks where you work with young people or vulnerable adults.
12. You will notify us if an allegation relating to child protection or health and safety is to be investigated or has been proved.
13. 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.
14. 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.
15. You will acknowledge Lincolnshire Community Foundation and North Kesteven District Council on any publicity material you issue.
16. If applicable, you will provide us with copies of relevant photos and press publicity which we may use.
17. You will be willing to take part in, where appropriate, any publicity activities.

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

Date	
Signature	
Name (please print or type)	

#### 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 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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Please state where you heard about this funding.

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Are you happy to be contacted in the future regarding LCF news, including upcoming grants and newsletters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the event of being successful in your application, do you agree to allow LCF to pass your details onto North Kesteven District Council to make contact with you to invite you to be registered with the North Kesteven Lottery Good Cause List? ( <a href="https://www.nklottery.co.uk/good-causes">https://www.nklottery.co.uk/good-causes</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you agree to allow LCF and North Kesteven District Council to publicise your group/project on social media/media platforms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Do you agree to allow LCF and North Kesteven District Council to share your story including photos/videos you send on our social media/media platforms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Please submit via email, including all supporting documents to Hayley Crawford:**

[hayley@lincolnshirecf.co.uk](mailto:hayley@lincolnshirecf.co.uk)

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