Logo, company name

Description automatically generated

A black and grey logo

AI-generated content may be incorrect.

A blue letter w on a white background

AI-generated content may be incorrect.

**Triton Knoll Offshore Wind Farm**

**Community Fund**

**Grant 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 may be unable to properly process your application.

**The Organisation**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Email address of Organisation** |  |
| **Website** |  |
| **Facebook page** |  |
| **Address of Organisation** |  |
| **Postcode of Organisation** |  |
| **When did the Organisation start?** |  |

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

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

|  |
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| **Please share the story of the organisation with us, describing its overall aims and objectives, what activities/services it provides, who to (demographic), how often, where from etc.** |
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| **How many people currently access the activities provided? If the group delivers more than one activity, please set out age ranges with number of participants for each activity/service.** |
|  |

|  |  |
| --- | --- |
| **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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| --- | --- | --- |
| **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)** |  |  |

|  |  |
| --- | --- |
| **How many people are involved in the organisation?** | **Number** |
| **Full-time paid staff / workers** |  |
| **Part-time paid staff / workers** |  |
| **Management Committee/Trustees/Directors** |  |
| **Volunteers** |  |

|  |
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| **How does the organisation generate income? (Fundraising / grant funding / membership fees / donations etc). Is the organisation reliant on grant funding to remain sustainable? If so, what percentage (if known) needs to be secured to cover these costs?** |
|  |

**Project funding**

|  |
| --- |
| **Please let us know exactly how the organisation will spend any grant funding, explaining 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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| **Please tell us why there is a need for the project and the reason it’s important to your community? Has the organisation carried out any community engagement/consultation that demonstrates support for the project?** |
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| **What is the timescale of the funded project?** | | | |
| **Start spending funding** |  | **Finish spending funding** |  |

**Theme**

|  |  |
| --- | --- |
| **Please tick which theme your project aims to meet. Please only select one.** | |
|  |  |
| Enhance the quality of life for local people |  |
| Promote community spirit and encourage community activity |  |
| Contribute to vibrant, healthy, successful and sustainable communities |  |

**Project Outcomes/Beneficiaries**

|  |
| --- |
| **How will this project benefit the organisation and local residents? Tell us how you will gather evidence to show it’s been a success or what the longer-term impact is likely to be.** |
|  |

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| **Is this is an ongoing project? If so, how will it be delivered, funded and/or resourced in the future?** |
|  |

|  |  |
| --- | --- |
| **Where do most project beneficiaries live?** |  |
| **How many people will benefit from this project?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 or those at risk of offending** |  | **Carers** |  | **Homeless people** |  |
| **People with addictions** |  | **Victims of crime, violence, or abuse** |  | **Local residents** |  |
| **Other (please specify)** | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**  **6-64yrs** |  | **Older adults**  **65+yrs** |  |

**Finance / Project Costs**

|  |  |
| --- | --- |
| **How much are you applying for?** | **£** |

***PLEASE COMPLETE IN FULL***

|  |  |
| --- | --- |
| **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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| **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)** |  |
|  |
| **Room hire/premises costs/overheads** |  |
|  |
| **Publicity costs/Training costs (Please provide details of trainers)** |  |
|  |
| **Staff costs / Volunteer expenses giving breakdown inc hourly rate etc** |  |
|  |
| **Other items** |  |
|  |
| **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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| **Do you have a bank account in the organisations name?** |

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| **Account name** (account name must be same as organisation name) |  | | | | | | | | | | | | | | |
| **Sort code** |  |  | |  | |  | |  | |  | |  | |  | |
| **Account number** |  | |  | |  | |  | |  | |  | |  | |  |
| **Bank / Building society name** |  | | | | | | | | | | | | | | |
| **Bank / Building society address** |  | | | | | | | | | | | | | | |
| **Names of all account signatories – there must be minimum of 2 signatories unrelated/not living in the same house.** |  | | | | | | | | | | | | | | |
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**Supporting documents**

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

|  |  |
| --- | --- |
| **Please include all relevant documentation** | **Initial when included (give reasons if not provided)** |
| The organisations latest set on annual audited accounts or income & expenditure details if accounts are unavailable (or 3 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 to ensure there are at least two members not related or living together at the same address |  |

**CONDITIONS OF GRANT**

Please **initial each statement** **and sign below** to accept grant conditions

|  |  |  |
| --- | --- | --- |
| **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 & RWE and display their logos 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.** |  |

**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** |  |

|  |  |  |
| --- | --- | --- |
| 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 |

**Please submit via email, including all supporting documents to Katie Littlewood:** [**katie@lincolnshirecf.co.uk**](mailto:katie@lincolnshirecf.co.uk)

**Or if you are unable to email, post to Katie Littlewood. Lincolnshire Community Foundation. 4 Mill House, Carre Street, Sleaford, Lincs, NG34 7TW**