

Grant application form Sport/Comic Relief Fund



Contact details

Name of the organisation

Address of the organisation

<input type="text"/>	Postcode
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Main contact for this application

Title

First name

Surname

Position held in the organisation

Contact address (if different from above address)

<input type="text"/>	Postcode
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Daytime phone number

Email address

Organisation details

Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

If no, does your organisation have a set of rules/constitution?

Yes

No

When did your organisation start?

/ /

What are the main activities of your organisation?

Staffing and volunteers – please tell us how many of each are involved in your organisation

Full time Staff/workers		Management Committee	
Part time staff/workers		Volunteers (not including the management committee)	

What is your average income per year over the last 3 years (or since the organisation started £.....

Your application

Where will your project take place?

Bristol Bath & North East Somerset North Somerset South Gloucestershire

Please tell us what you need funding for, who will benefit and how they will benefit?

Please tell us how this application fits the criteria for the Fund (please refer to the fund guidelines)

When will the project start?

When will the project finish?

How much are you applying for in total?

Please give a breakdown of the **total** cost of this piece of work or equipment. In the breakdown column please give details of the costs e.g. under capital items list what items such as computers, office furniture etc...

Type of cost	Total Amount	Amount from Quartet	Breakdown
Staff costs			
Volunteer expenses			
Operation/activity costs			
Office/overheads/premises			
Capital items			
Publicity			
other			
Total	£	£	

If the total cost is bigger than the grant requested how will you meet the shortfall? Please give details of any other applications you have made and whether any funding has been approved.

Beneficiaries

How many people will benefit if a grant is awarded?

In the tables below, please indicate the group that will be the primary beneficiary with a cross 'X' and any other beneficiaries with a tick '√'. Only tick the boxes that apply - this is for information only and will not affect the outcome of your application.

Age of Beneficiaries

Early Years (0-4)	<input type="checkbox"/>	Children (5-12)	<input type="checkbox"/>	Young People (13- 8)	<input type="checkbox"/>
Young Adults (19-25)	<input type="checkbox"/>	Adults (26-65)	<input type="checkbox"/>	Seniors (+65)	<input type="checkbox"/>

Beneficiaries

People in rural areas	<input type="checkbox"/>	People in urban areas	<input type="checkbox"/>	Men	<input type="checkbox"/>
Women	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>
Families	<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>
Disadvantaged / low Income	<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	Migrant workers	<input type="checkbox"/>
Ex offenders / prisoners	<input type="checkbox"/>	Alcohol / drug addiction	<input type="checkbox"/>	Refugees / asylum seekers	<input type="checkbox"/>
NEET (Young people Not in Education, Employment or Training)	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	Carers	<input type="checkbox"/>
People with general health issues	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>

Ethnic origin of beneficiaries

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Mixed White & Black Carribbean	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Asian or Asian British – Other	<input type="checkbox"/>	Black or Black British – Carribbean	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Black or Black British – other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>

Financial information

Does your group have its own bank account? Yes No

If yes, what name is your bank account in?

If no, is there an organisation that will receive a grant on your behalf? Please give details

How many signatures do you need to authorise a cheque on this bank account?
(There must be at least two)

Quartet's monthly enews features information about new grant sources and upcoming deadlines. If you would NOT like to receive it tick here

How did you hear about this fund?

Word of mouth Quartet website Quartet enews Quartet newsletter
Press/TV/Radio CVS Event/meeting Other

Declaration

By submitting this application you are confirming the following:

- That the information in this application is correct
- The details of this application have been brought to the attention of the Management Committee
- That you have the consent of the Management Committee to submit this application

Your signature:	Print name:	Date:
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The following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

Signature:	Print name:	Date:
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Checklist

We cannot process your application unless you have:

- Read and understood the guidelines
- Answered every question
- Signed the form (two signatures)
- Enclosed your most recent accounts or financial information
- Enclosed a copy of your constitution or set of rules (if you have not already sent a copy)
- Enclosed a list of names and addresses of your management committee
- Enclosed a copy of your child protection policy (if appropriate)

If you have already sent us a copy of your constitution, management committee details or child protection policy please do not resend. Do not resend your accounts if we have received a copy in this financial year. If you are sending multiple applications, please do not send duplicates of the above noted information.

Please return to the local office noted on the guidelines.

Registered Charity Number 1080418