



# Strengthening Worcestershire Fund

## Application Form

### Section 1 - Organisation

#### Organisation Name and Address Details

Name Of Applicant/Organisation



Address of your organisation

Street



Town/City

County

Postcode

Website

Telephone



General/Office Email



Facebook

X

#### Main Contact Person

These are the details that will be used for correspondence purposes.

Title

Mr



Forename(s)

Surname



Job title

Work/Office Phone

Home Phone

Mobile Phone

Email

Use organisation's address for correspondence

## Organisation Start Date

Month



Year



## What type of organisation are you?

Select as many as appropriate

- Registered charity
- Company limited by guarantee
- Unincorporated club or association
- Community interest company
- Charitable incorporated organisation
- Other

Organisation's annual income for the past financial year?

e.g. 123.45



Organisation's annual expenditure for the past financial year?

e.g. 123.45



What are your current unrestricted reserves?

e.g. 123.45



Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides

0 word of 150

Are you part of a larger regional or national organisation?

Are you part of a larger regional or national organisation?

Yes

## Section 2 - About your grant application

### Project Details

Project name



Project / funding start date    Project / funding end date



Please provide a postcode which represents the main geographical area you will benefit.



In which local authority will the main activity take place?

Bromsgrove ▼

Which additional areas (estates, towns, villages, boroughs) do people who will benefit come from?



Please describe your project and its main aims.

0 word of 350

Please explain why there is a need for this project

If applicable, please tell us what community consultation has been done to establish this need.



0 word of 150

Who will be involved in delivery of the project?



0 word of 150

Is your project to be delivered in partnership with another organisation, if so which one?



0 word of 40

Please list the outcomes and outputs the project seeks to achieve:



0 word of 150

Please tell us how the project outcomes and outputs will be evaluated



0 word of 150

Will the work continue after the grant period ends?

If so, please indicate in what way and what funding you have secured or need to secure to deliver it.



0 word of 100

### Publicity

How do you plan to promote your project?

Please tell us what means you will use to promote your project. E.g social media, e-shot, local/regional PR campaign, etc.



0 word of 100

## Section 3 - Impact

Please tell us which priority area your project covers. To choose more than one (if appropriate) select 'Ctrl' while selecting multiple values

- Cost of living / food and fuel poverty
- Ageing well
- Reducing social isolation and loneliness
- Supporting people to stay safe and well in their community
- Information, advice and guidance\*
- Supporting unpaid carers



**\*Projects will need to be able to demonstrate relevant training and quality assurance of their services.**

Please tell us how your project supports the above selected priority area(s).

Empty text area for describing project support.



0 word of 200

### Beneficiaries

Primary Beneficiary - Select a single option to represent the primary beneficiary group for this grant

Dropdown menu for selecting the primary beneficiary group.

Please list any other beneficiary groups who will benefit from your grant

Black, Asian and minority ethnic

Carers

Children and young people

Ex-offenders/offenders/At risk of offending

Families/Parents/Lone parents

Homeless people

Lesbian, gay, bisexual and transgendered groups

Local residents

Long-term unemployed

Men

Not in education, employment and training (NEET 16-...

Older people

People with alcohol/drug addictions

People in care or suffering serious illness

People with learning difficulties

People with low skill levels

People with mental health issues

People with multiple disabilities

People with physical difficulties

People living in poverty

Refugees/asylum seekers /immigrants

Victims of crime/violence/abuse

Women

How many people overall will benefit from this funding?



### Ethnicity

Primary ethnic group - select a single option to represent the primary ethnic group for this grant

Please list any other ethnic groups who will benefit from your grant:

White

White British

White Irish

White East European

White Gypsies and Travellers

Other White

Mixed

Black Caribbean and White

Black African and White

Asian and White

Other Mixed Ethnicity

All ethnicities

Asian and Asian British

Indian

Pakistani

Bangladeshi

Other Asian

Black and Black British

Caribbean

African

Other Black

Chinese or other group

Chinese

Any other

### Volunteers

How many volunteers will participate in your project (excluding management committee)

### Age Groups

Please indicate the primary age group that will benefit from this grant

Please list any other applicable age groups for your grant.

Early years (0-4)

Children (5-12)

Young people (13-18)

Young adults (19-25)

Adults (26-65)

Seniors (65+)

All ages

# Section 4 - Project budget and consent

## Project Budget

What is the total cost of the project?



How much funding has been raised so far?



How much money are you applying to us for?



## Staff costs

Please itemise individual costs.

Requested amount

Total cost

Breakdown

0 word of 1000

## Volunteer costs

Please itemise individual costs.

Requested amount

Total cost

Breakdown

0 word of 1000

## Operational/activity costs

Please itemise individual costs.

Requested amount

Total cost

Breakdown



0 word of 1000

### Office, overhead, premises costs

PLEASE NOTE this may be a maximum of 15% of total project costs. Please itemise individual costs.

Requested amount

Total cost

Breakdown

0 word of 1000

### Publicity costs

Please itemise individual costs.

Requested amount

Total cost

Breakdown

0 word of 1000

### Capital costs (equipment)

PLEASE NOTE: Capital equipment may not

form more than 25% of total project costs. Please itemise individual costs. Please supply evidence for the capital expenditure e.g. screenshots from webpages or a supplier's quote with this form.

Requested amount

Total cost

Breakdown

0 word of 1000

### In kind and other costs

Please itemise individual costs. PLEASE NOTE: You need to

include a minimum of 5% of your budget from in kind support and/or other match funding.

Requested amount

Total cost

How much in kind and/or match funding is your organisation providing?



Breakdown

0 word of 1000

Bank account name

Bank account number

Bank sort code

## Bank Details

Bank name

## Other information

Please use this space to tell us anything not already mentioned above which you deem important in support of your application.

0 word of 150

## Supporting Documents

Please click on the 'attachments' button at the bottom of the form to upload your supporting documents. You will need to upload:

- A copy of your governing document (eg constitution, memorandum & articles or set of rules)
- A copy of your most recent annual accounts (if these are more than 12 months' old please supply latest month end management accounts)
- A copy of your safeguarding policy including children, young people or vulnerable adults
- A copy of your bank statement (this must not be more than 3 months' old)
- Any evidence for capital costs e.g. screenshots from webpages or a supplier's quote.

If you are having trouble uploading your supporting documents, please let us know here:

Yes I am having trouble uploading and I will email to karen.mcveigh@worcscf.org.uk instead.

[Add document](#)

## Declaration

I can confirm that my organisation has at least three trustees that are not related

Yes

I agree to six month and end of grant reporting

 Yes

Please check to agree you have read and understood the above

 Yes

Declaration name

Declaration position

Worcestershire Community Foundation would like to follow up on successful applicants and potentially feature them in publicity activities. Please tick this box to confirm that, if your application is successful, you are willing to take part in, where appropriate, any publicity activities.

Allow publicity

 Yes[Print](#)[Attachments](#)[Save as Draft](#)[Submit](#)