

Strengthening Worcestershire Fund 2025

Application Form

Registration

Please read the following text before beginning your application:

- Please take time to familiarise yourself with the questions.
- Please answer **all** required questions.
- There is a word limit for each large text box (if you are struggling with the word limit try taking out bullet points or spaces).
- It is a good idea to draft your responses using a word processing program such as Microsoft Word, so you can check your spelling and word count as you go along. This will also prevent you from losing your work if your computer crashes.
- Remember to save your progress regularly to prevent losing your work in case of internet problems.
- TO SAVE A COPY OF YOUR COMPLETED FORM, AT THE BOTTOM OF THE FORM SELECT 'PRINT', THEN SELECT 'DESTINATION' AND 'SAVE AS PDF' **BEFORE** YOU PRESS SUBMIT.
- If you are having trouble viewing the online form, we recommend you try a different internet browser such as Mozilla Firefox.

If you have any issues filling out the form or you are unsure about any of the above text or have any other queries then please contact Karen McVeigh, Grants & Funding Officer by emailing karen.mcveigh@worcscf.org.uk.

☐ I agree that I have read and understood the above

Enter e-mail address

Please enter your e-mail address

Registration confirmation



An e-mail has been sent to: {{Online_Grant_Application__c.Registration_Email__c}}.

You have been sent an e-mail that contains instructions on what to do next to begin the application process. This should arrive in the next few minutes.

Important

Please check your SPAM/Junk e-mail folder if you do not receive this e-mail in the next few minutes. If after checking your SPAM/Junk e-mail folder the e-mail has not arrived within 30 minutes then please go back to the delivery agent's website and try again.

If after attempting a second time the e-mail still does not arrive then please contact karen.mcveigh@worcscf.org.uk.

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

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?

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).

0 word of 200

Beneficiaries

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

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

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:

Age Groups

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

Please list any other applicable age groups for your grant.

Volunteers

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

Section 4 - Project budget

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?



What is the value in £ of in kind support/match funding you are receiving for this project? (This MUST represent a minimum of 5% of the total project costs given above).



Please describe this in kind support or match funding and how it is made up ?

Staff costs

Please itemise individual costs.

Requested amount

Total cost

Breakdown

0 word of

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

e.g. 123.45

Total cost

e.g. 123.45

Breakdown

0 word of 1000

Publicity costs

Please itemise individual costs.

Requested amount

e.g. 123.45

Total cost

e.g. 123.45

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

e.g. 123.45

Total cost

e.g. 123.45

Breakdown

0 word of 1000

Bank Details

Bank name

Bank account name

Bank account number

Bank sort code

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

Submit Confirmation

Thank you for your application.

For support with your form, please contact:

Karen McVeigh

Grants & Funding Officer

karen.mcveigh@worcscf.org.uk