

Office use only:

Application Ref.		Date Received:	
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GENERAL APPLICATION FORM

Please ensure you have read the Application Guidelines before completing this form.



Section 1: Organisation Details			
Name of Organisation:			
Address of Organisation:			
Address for correspondence (if different):			
Post Code:		District:	
Target Districts (if different to above):		Area of Benefit Postcode:	
Contact person's name:		Title	
Position in Organisation:			
Daytime Telephone no:		Fax no:	
E-mail address:			
Website (if applicable)			
Charity Registration no: (if applicable)			
Total Amount requested:			
Section 2: Other Funders			
<p>of the purpose for which you require funding. We are sometimes asked by other funders to recommend projects for funding. Are you happy for us to pass this application, if appropriate, to another potential funder for consideration without further reference to you? Please tick the box below if you agree to us sharing your details:</p> <p>I agree that Essex Community Foundation may discuss this application with another funder <input type="checkbox"/></p>			

Please enter the postcode(s) of where the project will take place
The contact person must be someone who can talk about your grant application in detail

We will acknowledge receipt of your application by email

The maximum amount you can request is £10,000

Section 3: Your Organisation

3.1 Which of the following is the main area of interest to your organisation?
(Please select all that apply)

- | | | | |
|----------------------|--------------------------|----------------------------|--------------------------------|
| Adults 19-60 | <input type="checkbox"/> | Literacy/numeracy problems | <input type="checkbox"/> |
| Arts/ Leisure | <input type="checkbox"/> | Older people (over 60) | <input type="checkbox"/> |
| Carers | <input type="checkbox"/> | Rural Communities/ issues | <input type="checkbox"/> |
| Community resource | <input type="checkbox"/> | Single parents | <input type="checkbox"/> |
| Disabilities | <input type="checkbox"/> | Sport | <input type="checkbox"/> |
| Drugs/alcohol misuse | <input type="checkbox"/> | Unemployment | <input type="checkbox"/> |
| Ethnic minorities | <input type="checkbox"/> | Women | <input type="checkbox"/> |
| Ex offenders | <input type="checkbox"/> | Young people (up to 18) | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |

Please state your organisations main area of interest.

If you feel that by identifying one main area of interest you are not correctly identifying your organisations activity, please explain on the line marked 'Other'.

3.2 Please tell us how many people are involved with your Organisation

Paid Staff:	Full time	<input type="text"/>	Part-time	<input type="text"/>		
Committee:	Members	<input type="text"/>	Service User/Clients	<input type="text"/>	Volunteers	<input type="text"/>

3.3 Annual Income Range:

- | | | | |
|--------------------|--------------------------|-----------------------|--------------------------|
| Up to £10,000 | <input type="checkbox"/> | £100,000 - £1 million | <input type="checkbox"/> |
| £10,000 - £100,000 | <input type="checkbox"/> | Over £1 m | <input type="checkbox"/> |

3.4 What is the purpose of your Organisation and when was your Organisation formed?

In this section you should detail why your group was set up, what are the main aims and objectives and who are the main beneficiaries.

Please also advise when the group was formed

3.5 How is your Organisation governed and managed?

3.6 What evidence do you have that your Organisation is meeting a real need in the community?

3.7 Does your Organisation share resources, co-operate with other organisations or operate on a joint initiative or partnership basis? Please give details.

3.8 What are the current sources of your annual income?
(Name the agencies where appropriate)

Agency/ Source		Amount £
a) Fundraising		
b) Trading operations		
c) Charitable trusts/Grants		
d) Public Sector		
e) Other		

3.9 Do you expect any change in your income/expenditure in the next financial year?

Yes No

If yes, please give details:

Section 4: Bank Details

4.1 If this application is successful, please state who the Cheque should be made payable to (Organisation account name):

Do you have at least 3 authorised signatories and 2 cheque signatories

Yes No

Cheques cannot be made payable to individuals.

Section 5: Equal Opportunities & Safeguarding Policy

5.1 Does your organisation have a written equal opportunities policy?

Yes No

5.2 How does your Organisation ensure the development and implementation of the various aspects of equal opportunities?

5.3 Does your organisation have a written Safeguarding policy (Child Protection Policy / Vulnerable Persons Policy)?

Yes No

5.4 How does your Organisation ensure the development and implementation of the various aspects of safeguarding?

Your policy must follow current legislation and best practice. This includes but is not limited to CRB & Enhanced CRB for all staff, volunteers or Trustees with direct access to young or vulnerable people.

Section 6: Tell us about this application

6.1 Please describe in detail the purpose for which you require funding.

In this section the term 'purpose' is used to describe the project, work, core costs or equipment for which you seek funding

6.2 Please give a detailed breakdown of the amount being requested?
(Please be specific and include quotes where applicable)

Item	Cost £
Total amount of grant requested	

Please note: we will not consider an application that does not specify an amount

At least two quotations are required supporting requests for equipment or construction.

6.3 Do you propose to continue this activity in the future? If so, how will it be funded?

6.4 Have you made this application or a complementary application to another funder?

Yes No

If YES please give name(s) below:

6.5 What Essex district(s)/borough(s) will benefit from this project, services or activity?

6.6 What is the start date and timescale for the activity?

6.7 What evidence do you have that the project, services, or activity is needed?

Depending on application deadlines, it can take up to three months for your application to be processed and a decision advised.

Please note we cannot fund retrospective funding

Please tell us about any community consultation, feasibility study or evidence of need which has been collected

6.8 How will this activity be managed, supervised and evaluated?

.6.9 How many people do you expect to benefit directly from your project/activity?

Please state number

Please give your best estimate

How many people will you employ as a direct result of receiving this funding?

Full-time

Part-time

Temp

Other

Section 7: Referees

Please give details of at least one other person outside your Organisation who has knowledge of your work and whom we could contact about your application. (Please inform your Referees that you have done this).

Suitable referees may be someone working for another Organisation with whom you work, or funds you. It may be someone with knowledge of your work in his/her official or community capacity

	Referee 1	Referee 2
Name:		
Address:		
E-mail Address:		
Contact Tel. No.		
Capacity in which known:		

An email address must be supplied, as the reference request will be sent via email

DECLARATION

I am authorised to make this application on behalf of the Organisation and confirm that the information provided in this application is accurate. If information in this application changes in any way I will inform Essex Community Foundation promptly.

Signed:

Date:

Name:

(Please print in block capitals)

Position:

ESSENTIAL DOCUMENTS CHECKLIST: Have you attached all essential documentation?

(If you have submitted any of these documents recently do not enclose another copy. Please indicate.)

Previously Provided	Enclosed	
<input type="checkbox"/>	<input type="checkbox"/>	A copy of your Organisation’s Rules, Constitution or other Governing Document.
<input type="checkbox"/>	<input type="checkbox"/>	The latest Annual Report and/or Accounts.
<input type="checkbox"/>	<input type="checkbox"/>	A photocopy of a current bank statement (no more than 3 months old)
<input type="checkbox"/>	<input type="checkbox"/>	Your budget for the current year.
<input type="checkbox"/>	<input type="checkbox"/>	Project budget and/or two quotes (as appropriate) or Business Plan.
<input type="checkbox"/>	<input type="checkbox"/>	Minutes of meetings when activity was discussed / approved.
<input type="checkbox"/>	<input type="checkbox"/>	Your Equal Opportunities Policy / Code of Practice.
<input type="checkbox"/>	<input type="checkbox"/>	Safeguarding Policy (Child Protection/ Vulnerable Persons Policy) if appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	Any other material you consider relevant to support your application.

Please note it will not be possible for Essex Community Foundation to return any documentation to you, therefore please do not send original documents.

Please call us on 01245 356 018 if you are unsure of the deadline dates.

This form must reach us by the appropriate deadline date, we cannot accept late submissions.

Please ensure the correct postage is used, as underpaid items will not be collected.

In order for us to continue to support the community it is important for us to know how you heard about us, please indicate below how you heard or where you read about us.

Thank-you

<input type="checkbox"/>	Local press – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	County press – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	Search engine – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	Website – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	CVS – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	Word of mouth	
<input type="checkbox"/>	Local Council	
<input type="checkbox"/>	Funder Finder	
<input type="checkbox"/>	ECF Presentation – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	Event – if so which one	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	Other – please specify	<input style="width: 95%;" type="text"/>

Please return completed form to:

Essex Community Foundation
121 New London Road
Chelmsford
CM2 0QT