

The Community Foundation in Wales

First for Philanthropy in Wales



The Community Foundation in Wales
Y Sefydliad Cymunedol Yng Nghymru

Grant Application Form

OFFICE USE ONLY

DATE REC'D		DATE ENTERED	
ROUND		DIGITS REF	

ACCT/S or INC/EXP		CONSTITUTION or MEM & ARTS		CPP		SUPPORTING INFO	
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CONTACT DETAILS

Organisation			
Title	Mr/Mrs/Ms/Dr/Prof etc		
Contact Name	1.		2.
Position			
Address			
Post Code			
Tel No:			
Mob No:			
Email			

Please state which Fund you are applying to and where you heard about it and The Community Foundation In Wales?

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Has your organisation received a grant from The Community Foundation in Wales before? If yes, please provide details.

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ABOUT YOUR ORGANISATION

Geographical area covered by Organisation:

Do you have a Constitution or similar document?

Yes

No

A constitution is the governing document which states what your organisation does and where and how you achieve it. If you do not have a constitution or similar document, you will NOT be eligible for this grant scheme. If you have a query, please contact us.

When was your Organisation established?

Please tick any of the following which best describes your Organisation:

(n.b. you do not have to be any of these to qualify for a grant)

- A registered charity, please provide Registered Charity No:
- Applying for charitable status
- A company limited by guarantee, please provide Company Registration No:
- Other, please state:

Please indicate numbers of Management Committee:

Please indicate numbers of full time paid staff:

Please indicate numbers of part time paid staff:

Please indicate numbers of Volunteers:

Please identify the aims/objectives of your Organisation? (Include the Mission Statement & Vision if available).

You should give us an idea of why your organisation exists and what it hopes to achieve through its work.

Please list and describe the main activities of your Organisation which achieve the aims/objectives.

Provide a clear and concise list and description of activities i.e. how do you achieve the overall aim. Please state when, where and how often they take place.

DEMOGRAPHICS

Please state the primary issue that the project will address from the list below

Please choose 2 secondary issues (if applicable) that the project addresses by ticking the relevant boxes below

<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Employment & Labour	<input type="checkbox"/> Racial & Cultural Integration	<input type="checkbox"/> Sport & Recreation
<input type="checkbox"/> Community Support & Development	<input type="checkbox"/> Environment	<input type="checkbox"/> Religion	<input type="checkbox"/> Supporting family life
<input type="checkbox"/> Counselling/Advice/Mentoring	<input type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Rural issues	<input type="checkbox"/> Transport Issues
<input type="checkbox"/> Crime	<input type="checkbox"/> Housing	<input type="checkbox"/> Social Enterprises	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Disability & Access Issues	<input type="checkbox"/> IT/Technology	<input type="checkbox"/> Social Inclusion	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Poverty/disadvantage	<input type="checkbox"/> Social Services & activities

Please state the primary beneficiary of the project from the list below

Please choose 2 secondary beneficiaries of your project (if applicable) by ticking the relevant boxes below

<input type="checkbox"/> Alcohol/Drug Addiction	<input type="checkbox"/> Families	<input type="checkbox"/> People with Mental Health Issues
<input type="checkbox"/> Black & Minority Ethnic Origin	<input type="checkbox"/> Homeless People	<input type="checkbox"/> People with General Health Difficulties
<input type="checkbox"/> Carers	<input type="checkbox"/> Lesbian, Gay & Bisexual	<input type="checkbox"/> People with Learning Difficulties
<input type="checkbox"/> Children and Young People	<input type="checkbox"/> Local Community	<input type="checkbox"/> People in Rural Areas
<input type="checkbox"/> Disabled	<input type="checkbox"/> NEET (Not in education, training, employment)	<input type="checkbox"/> Refugees/Asylum Seekers
<input type="checkbox"/> Disadvantaged/Low income	<input type="checkbox"/> Older People (50+)	<input type="checkbox"/> Women
<input type="checkbox"/> Ex Offenders and Prisoners		<input type="checkbox"/> Other (please state)
	

Please state the primary age range that will benefit from this project from the options below

Please select a maximum of 2 secondary age groups (if applicable) that will benefit from the project

<input type="checkbox"/> Early Years 0-4	<input type="checkbox"/> Young People 13-18	<input type="checkbox"/> Adults 26-65
<input type="checkbox"/> Children 5-12	<input type="checkbox"/> Young Adults 18-25	<input type="checkbox"/> Seniors 65+

If your group works with young people, please confirm below that staff/volunteers have been CRB checked under the latest legislation and code of practice by signing this box. You must include a copy of your CP policy with the application which should show the date the policy was adopted by your group.

Name: _____ Signature: _____

YOUR ORGANISATIONS FINANCES

Total income in the last financial year	£
Total amount spent in the last financial year	£
Current unrestricted reserve or savings	£

HOW DOES YOUR PROJECT ADDRESS THE CRITERIA?

Please give a very brief description of your project (in no more than 30 words).

Now, please describe the project in greater detail and state whether the project is new or ongoing. *Your answer should describe which activity/ies you need a grant for. Please indicate whether you work in partnership with other groups and list those who support this project. Please continue on a separate sheet if necessary.*

How does the project address the grant programme's criteria? *Please refer to the funding criteria document.*

How do you know this project is needed and what benefits would you anticipate if you received the grant? *Please describe the community in which you work and any relevant background information on local needs, beneficiaries and the range of impacts the grant will make. Please describe other similar organisations or projects in the area, how your work differs or complements theirs, and how you work in partnership.*

How will you measure the progress and success of this project? *Please list details such as key performance indicators, milestones, progress monitoring and evaluation.*

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How many people will benefit each week/ month/ year (please delete accordingly) *Please be as specific as possible*

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What is the timescale of this project?

Start date		Finish date		Or ongoing (please tick)	
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Please provide a breakdown of the total cost of this project including VAT if applicable. Written estimates from suppliers MUST be supplied for ALL items requested or your application may not be considered.

ITEM	£	Tick if you are applying for this item from this grant scheme

Total Project Costs	£
How much money are you asking us for? (if different from above)	£

How much have you raised elsewhere for this project? Please list Funders and amounts below.

	£
	£
	£
Please list other Funders you have applied to but not yet received approval, the respective grant amounts and the date the outcome of the application will be known:	
	£
	£
	£

IF YOUR GRANT IS APPROVED – PAYMENT OF AWARD

Please tell us the name of the organisation that should appear on the cheque

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IF YOUR GRANT IS APPROVED – LOCAL GOVERNMENT

CFiW will inform your local AM of this award and your great work carried out in their Constituency. This builds our relationship with local government but is also beneficial for you. Please let us know which Constituency you are in. If you don't know, please visit www.assemblywales.org/memhome/member-search

Constituency Title	
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REFEREE DETAILS

Please provide contact details for a Referee.

This must be a professional person or person of standing in the community. Examples include bank or building society officials, police officers, civil servants, ministers of religion and people with professional qualifications (teachers, accountants, engineers, solicitors etc.

Name		Relationship to Organisation	
Address		Post Code	
Tel No		Email	

DECLARATION

- I am authorised to make the application on behalf of the above organisation.
- I certify that the information contained in this application is correct to the best of my knowledge.
- If the information in the application changes in any way I will inform The Community Foundation in Wales immediately.
- I give permission for The Community Foundation in Wales to record the information in this form electronically and to contact my organisation by phone, mail or email with information about its activities and about funding opportunities.

NAME		POSITION	
SIGNED		DATE	

WHAT TO DO NEXT:

- 1) Please email your application only to: mail@cfiw.org.uk
- 2) Post the hard copy of the application and all supporting documents to:
The Community Foundation in Wales, 9 Coopers Yard, Curran Road, Cardiff, CF10 5NB

Registered Charity No: 1074655 Tel: 029 20536 590 Fax: 029 20342 118 mail@cfiw.org.uk www.cfiw.org.uk

CHECKLIST - Please ensure you enclose the following or your application may not be considered

- Annual Accounts for the last TWO* financial years
- Latest Annual Report (if you have one)
- A signed and dated Constitution (If you do not have a signed copy we still require an unsigned copy together with a copy of the minutes of the meeting at which it was adopted. If you don't have a constitution please contact us)
- Written Estimates **MUST** be supplied for **ALL** items claimed for.
- Child Protection Policy (only applies if working with under 18's)

IMPORTANT

- Ensure that every question in answered as incomplete application forms may not be considered.
- Ensure that you have paid the correct postage on your application as we cannot be responsible for paying any excess.
- If you have any queries in completing this form, please do not hesitate to contact us – we will be glad to help

- * In accordance with The Data Protection Act 1998, please tick this box if you do not wish your details to be held on file at CFiW (even if your application is unsuccessful).