**Grant Application Form**

Please review the grant criteria prior to completion of this form.

|  |
| --- |
| **Your Organisation** |
| Organisation Name:  |  |
| Organisation Address: |  |
| Website: |  |
| Main contact person: |  |
| Job title: |  |
| Telephone No.: |  |
| Email address: |  |
| Organisation Type: | Registered CharityCompany limited by guaranteeUnincorporated club/associationCommunity interest companyCharitable Incorporated OrganisationOther (please specify)……………………………………………………….. |
| Income in past financial year (£) |  |
| Expenditure in past financial year (£) |  |
| **Your staff and volunteers** |
| No. full-time staff |  |
| No. part-time staff |  |
| No. volunteers |  |
| **Your aims, objectives and activities –** please provide a brief overview of the charity’s aims and objectives, and the services you provide (max. 200 words). |
|  |

**Section 2 – Your Project & Beneficiaries**

|  |  |
| --- | --- |
| Project name: |  |
| Project start date: |  |
| Project end date: |  |
| Is this project to be run for the benefit of people in Bedford? | Yes/No |
| Which criteria point (1, 2 or 3) does this project fit under? (please circle) | 1. Mental Health
2. Relief of poverty or sickness
3. Education
 |
| **Please provide an overview of your proposed project (max. 250 words)** |
| **Why is this project needed? (max. 250 words)** |
| **How will you measure and report the outcomes and impact of your project? (max. 250 words)**  |
| How many people will benefit from this project? |  |
| Who will be the primary beneficiaries of this project? (please highlight) | * Homeless
* Unemployed
* People with mental health issues
* Children/ young people/ NEETs
* Families
* LGBT+ groups
* Ex-offenders
* Substance abusers
* People with disabilities
* Victims of crime
* Victims of abuse
* Immigrants
* Other (please specify)

………………………………….… |
| Ethnicity – please highlight the primary ethnicities for beneficiaries of this project: | * White
* White British
* White Irish
* White East European
* White Gypsies and Travellers
* Other White
* Black Caribbean
* Black African
* Black Caribbean and White
* Black African and White
* Asian and White
* Other Black/ Mixed Ethnicity
* All ethnicities
 |
| Which age groups will benefit from your project? (please highlight) | * Early years (0-4)
* Children (5-12)
* Young people (13-18)
* Young adults (19-25)
* Adults (26-65)
* Seniors (65+)
* All ages
 |

**Section 3 - Project Budget & References**

|  |  |
| --- | --- |
| Staffing costs: |  |
| What level of staffing will this provide? |  |
| Volunteering costs: |  |
| What level of volunteering will this provide? |  |
| Overhead costs: |  |
| What does this include? |  |
| Activity costs:  |  |
| What does this include?  |  |
| Capital costs: |  |
| What does this include? |  |
| Marketing costs: |  |
| What does this include? |  |
| **Total cost of the project:** |  |
| **How much of this cost are you applying to this fund for?** |  |
| How much has been raised thus far, and from what sources? |  |
| **References:** |  |
| Referee 1: |  |
| Name: |  |
| Position: |  |
| Company name: |  |
| Company address: |  |
| Telephone no.: |  |
| Email address: |  |
| Referee 2:  |  |
| Name: |  |
| Position: |  |
| Company name: |  |
| Company address: |  |
| Telephone no.: |  |
| Email address: |  |

**Supporting Documents**

For this application to be valid you must also submit your most recent accounts. Other supporting documentation required are a governing document, safeguarding policy (if applicable) and equal opportunity policy – these can be sent by email to grants@panaceatrust.org.

**Declaration**

Submission of this form confirms acceptance of these conditions:

1. I/ we agree to abide by the terms and conditions of any awards made as set out in any offer of funding or communication thereafter,

2. I/ we confirm that the information given in this application is true and accurate to the best of our knowledge.

3. I/ we confirm that we are authorised to submit such a declaration on behalf of our organisation

4. I/ we agree to participate in monitoring, auditing and evaluation related to this fund and will keep receipts for any payments made with this award.

I, the undersigned, agree to the above conditions:

**Name: Signature:**

**Date:**