

Grant application form



Fund details

Name of grants programme to which you are applying

Contact details

Name of the organisation

Address of the organisation

<input type="text"/>	
<input type="text"/>	Postcode

Main contact for this application

Title

First name

Surname

Position held in the organisation

Contact address (if different from above address)

<input type="text"/>	
<input type="text"/>	Postcode

Daytime phone number

Email address

Organisation details

Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

When did your organisation start?

 / /

What are the main aims and activities of your organisation?

Your application

Where will your project take place?

Bristol

Bath & North East
Somerset

North Somerset

South
Gloucestershire

What would you like to do with this grant? Please describe your project or activity.

Please explain how you know that the people in your community want this project/activity and what evidence have you collected to demonstrate this.

Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face

Please outline the benefits and outcomes that you expect to achieve as a result of the funding

How do you see this project/activity progressing after this funding comes to an end?

When will the project start?

When will the project finish?

How much are you applying for in total?

Please give a breakdown of the **total** cost of this piece of work or equipment. In the breakdown column please give details of the costs e.g. under capital items list what items such as computers, office furniture etc...

Type of cost	Total Amount	Amount from Quartet	Breakdown
Staff costs			
Volunteer expenses			
Operation/activity costs			
Office/overheads/premises			
Capital items			
Publicity			
other			
Total	£	£	

If the total cost is bigger than the grant requested how will you meet the shortfall? Please give details of any other applications you have made and whether any funding has been approved.

Beneficiaries

How many people will benefit if a grant is awarded?

In the tables below, please indicate the group that will be the primary beneficiary with a cross 'X' and any other beneficiaries with a tick '√'. Only tick the boxes that apply - this is for information only and will not affect the outcome of your application.

Age of Beneficiaries

Early Years (0-4)	<input type="checkbox"/>	Children (5-12)	<input type="checkbox"/>	Young People (13- 8)	<input type="checkbox"/>
Young Adults (19-25)	<input type="checkbox"/>	Adults (26-65)	<input type="checkbox"/>	Seniors (+65)	<input type="checkbox"/>

Beneficiaries

People in rural areas	<input type="checkbox"/>	People in urban areas	<input type="checkbox"/>	Men	<input type="checkbox"/>
Women	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	People with learning difficulties	<input type="checkbox"/>
Families	<input type="checkbox"/>	Lone parents	<input type="checkbox"/>	Homeless people	<input type="checkbox"/>
Disadvantaged / low Income	<input type="checkbox"/>	Long term unemployed	<input type="checkbox"/>	Migrant workers	<input type="checkbox"/>
Ex offenders / prisoners	<input type="checkbox"/>	Alcohol / drug addiction	<input type="checkbox"/>	Refugees / asylum seekers	<input type="checkbox"/>
NEET (Young people Not in Education, Employment or Training)	<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	Carers	<input type="checkbox"/>
People with general health issues	<input type="checkbox"/>	People with mental health difficulties	<input type="checkbox"/>	People with weight / obesity issues	<input type="checkbox"/>

Ethnic origin of beneficiaries

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Mixed White & Black Caribbean	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	Asian or Asian British – Indian	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Asian or Asian British – Other	<input type="checkbox"/>	Black or Black British – Carribean	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Black or Black British – other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>

Financial information

Does your group have its own bank account? Yes No

If yes, what name is your bank account in?

If no, is there an organisation that will receive a grant on your behalf? Please give details

How many signatures do you need to authorise a cheque on this bank account?
(There must be at least two)

How did you hear about this grants programme?

Word of mouth Quartet website Quartet e-news Quartet newsletter

Press/TV/Radio CVS Event/meeting Other

Please tick this box if you would like to sign up to our monthly e-newsletter, to keep up-to-date with everything that's going on at Quartet Community Foundation.

Checklist

We cannot process your application unless you have:

- Answered every question
- Enclosed your most recent accounts or financial information
- Enclosed a copy of your constitution or set of rules (if you have not already sent a copy)
- Enclosed a list of names and addresses of your management committee
- Enclosed a copy of your child protection policy (if appropriate)

If you have already sent us a copy of your constitution, management committee details or child protection policy please do not resend. Do not resend your accounts if we have received a copy in this financial year. If you are sending multiple applications, please do not send duplicates of the above noted information.

Please return to the local office noted on the guidelines via email or post.