**APPLICATION TO CHRISTCHURCH CHARITABLE TRUST**

**SECTION 1 - ORGANISATION APPLYING FOR FUNDS**

***Organisation Name and Address Details***

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| **Name of your organisation:** |  |
| **Address:** |  |
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| **Postcode:** |  |
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| **General/Office Telephone :** |  |
| **General/Office Email:** |  |
| **Website (if any) :** |  |

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| **How did you find out about us? (this helps us find out how effectively we are reaching those organisations who could use our help):** |
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| **Please add links to your organisation's social media pages if you have one (this helps us see the good work you are already doing):** |
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***Main Contact Person*  
These are the details that will be used for correspondence purposes.**

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| **Title:** |  | |
| **Forenames:** |  | |
| **Surname:** |  | |
| **Job Title:** |  | |
| **Work/Office Phone :** |  | |
| **Email Address :** |  | |
| **If you wish us to contact you at an address other than that already given, please give details:** |  | |
| **Organisation's Start Date:** | |  |
| ***What type of organisation are you?* Select as many as appropriate:** | |  |
| **A registered charity (please give charity number):** | |  |
| **Limited Company (please give company number):** | |  |
| **Unincorporated club or association:** | |  |
| **Community Interest Company (please give number):** | |  |
| **Other (please give details):** | |  |

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| **What is the objective of your organisation?:** |
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| **Are you part of a larger regional or national organisation?  Yes /No** |
| **If yes, please give details:** |

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| **If your organisation also operates in areas outside of the former borough of Christchurch, please explain how you will ensure any funds granted will be restricted to benefit Christchurch residents.** |
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| **Please confirm you have at least 3 unrelated trustees/committee members responsible for your organisation/group and its activities:** |
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| **Organisation's Income Over Last Accounting Year ( £ )** |
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| **We will review your organisation's accounts as part of the decision making process. Has your financial position changed materially since the last published accounts? If Yes , please give details:** |
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**Section 2 - The Project**

***Project Details***

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| **Project Name:** |  |
| **Project / funding start date:** |  |
| **Project / funding end date:** |  |
| **Which areas will benefit from your project. Please note that we are only able to fund activities that will benefit residents in the Christchurch area.** |  |

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| **Explain the project that you are wanting us to help fund (up to 400 words):** |
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| **If this project does not have a fixed end date, how will you continue to fund the project when the funding ends:** |
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| **How many people will benefit from this funding?** |
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| **Estimated number of volunteers involved:** |
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| **What difference will this project make to the lives of the people in Christchurch who will benefit?** |
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**Section 3 - Project Budget**

***Project Budget***

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| **What is the total cost of the project?:** |  |
| **How much money are you applying to us for?:** |  |

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| **Budget Breakdown Summary. Either give details here or if you have a prepared budget attach it as a separately:** |
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| **If the grant does not cover your total project costs, please tell us whether the remaining funds have already been raised, or where they will come from.** |
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**Supporting Documents - Please attach your supporting documents. Whenever possible, please submit attachments as pdfs.**

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| **1. Your governing document (eg constitution, memorandum & articles or set of rules).** |  |
| **2. Your most recent set of annual accounts** |  |
| **3. A bank statement no more than 3 months old (clearly showing account name, number and sort code)** |  |
| **4. Your safeguarding policy** |  |
| **5. The most recent Annual Report of your activities as sent to stakeholders (if you have one separate to the accounts)** |  |

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| **Please provide any further information that will assist the Trustees to consider your application:** |
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| **If the Trustees agree to make a grant, please provide the name of the bank account to which the monies should be sent and provide the name of the Bank, the sort code and account number. If these differ from the details on the Bank Statement provided, please give reasons:** |
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| **Do you have more than 6 months delivery experience? If not, please note we may ask for reference before confirming a grant.** |
| **Yes / No** |

**Declarations**

**I confirm that the information given on the application form is true and my organisation has formally agreed that I can act on their behalf.  
I confirm that I have attached all required supporting documents.  
I confirm that this application does not result in any personal gain - financial or otherwise  
I confirm that these funds are for charitable and/or non-profit purposes/activities**

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| **Please confirm all the above apply by typing Yes:** |  |

**If funded, I agree to the following (YOU MUST YES IN THE BOX UNDERNEATH THE FOLLOWING TERMS AND CONDITIONS TO CONFIRM):**

**1. The organisation and main contact details, and the details of the application, can be shared with the Trustees of Christchurch Charitable Trust  
2. The grant can only be used for the purpose for which it has been granted.  
3. The grant applicants must normally start the funded activities within three months of receipt of the funds unless agreed otherwise.  
4. Any funds remaining after the end of the grant period and any agreed extensions, must be returned to Christchurch Charitable Trust  
5. The relevant Safeguarding policies are to be adhered to at all times. In the case of New & Emerging groups who do not have a Safeguarding policy, they should not have direct unsupervised contact with children or vulnerable adults and all workers should be aware of how to raise any Safeguarding concerns by referring to BCP Council websites as appropriate  
6. Grant recipients will be required to complete an End of Grant Report, to confirm how the funds have been used and benefits that have been provided to the community.  
7. Unless agreed otherwise, it is acknowledged the Christchurch Charitable Trust may refer to the giving of the grant for the purposes of publicity.  
8. We reserve the right to recover the Grant in whole or in part or to reclaim any equipment purchased under this agreement, should the funded activities not go ahead or the organisation cease to exist.  
10. The grant recipient is responsible for insurance against risks which may arise from any activities or property which is grant aided, including loss or personal injury to persons undertaking those activities. Christchurch Charitable Trust is not liable for any contingency involving property or activities for which they have provided grant aid in whole or in part.  
11. The grant recipient should ensure services provided by and through the grant are underpinned by equality and diversity principles. Ensuring there is no discrimination on the grounds of race, colour, ethnic or national origin, disability, age, gender or gender identity, sexual orientation, marital status, or any religious affiliation. Providing equal access to employment/volunteering opportunities and services for your beneficiary group.**

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| **Please type in Yes to confirm the above is understood and agreed:** |  |

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| **Name of person who has given the two confirmations required above:** |  |

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| **Date application completed** |  |