

**SAMPLE
Grant Application Form**

Main contact name for this application:

Position in Church/group:

Address:

Postcode:

Name of the project you are applying to SAMPLE Grants for:

Daytime telephone:

Evening telephone:

Email:

Do you have and special communication needs or other special requirements? Please specify:

Are you part of a larger organisation? Y/N

If yes:

Name of the parent organisation:

Do you have the following:

Equal opportunities policy Y/N

Child protection policy Y/N

Registered charity number _____

Q2 Briefly outline what the current activities of your group are:

Q3 How many people are currently involved in the running of your group?
Number

- Employed full-time worker
- Employed part-time worker
- Support of external worker
- Committee members
- Volunteers
- Members
- Informal helpers
- Others: (please state)

Q4 Which geographical areas within the Chadderton & Oldham area will benefit from the SAMPLE funded project? State all that apply:

Q5 What do you want the SAMPLE Grant to fund? What are you going to do, how are you going to do it and where?

Q6 When will the SAMPLE project start: Month Year
When will the SAMPLE project finish: Month Year

Q7 Where will your SAMPLE project take place – address and postcode, if different from the contact address given:

Q8 How will you advertise the SAMPLE project and encourage involvement?

Q9 Do you work in partnership with any other groups or agencies? If so, please outline how you work together:

Q10 How do you know that the SAMPLE project is needed?

Q12 What benefits, skills and knowledge will participants gain from this SAMPLE project?

Q13 How will the SAMPLE project demonstrate equal opportunities?

Q14 How will the SAMPLE project encourage co-operation in communities?

Q18 How many people will benefit from the SAMPLE project? _____

Who will benefit from the SAMPLE project?

How will they benefit from the SAMPLE project?

Q19 How will you show that your SAMPLE project has made a difference?

Q16 How much will your project cost in total? _____

How much do you require from SAMPLE Grants? _____

Where will the rest of your funding come from – if applicable?

Q17 Please provide breakdown of items required:

Item description	Quote Y/N	Cost £

TOTAL _____

Q20 What plans do you have for the project when SAMPLE funding ends?

Q21 Please state your Church/group/organisation finances for the last financial year:

Accounts date Month _____ Year _____

Total (gross) income - £ _____

Total expenditure - £ _____

Surplus/deficit at year end - £ _____

Unrestricted Savings/Reserves - £ _____

Restricted Savings/Reserves? - £ _____

If you have restricted reserves – please explain what they are restricted for:

By providing us with accurate information you are enabling us to improve the support we can give to voluntary and community groups in Oldham.

- | | | |
|-------------------------|---------------------------|------------------------------|
| 1 BME | 7 Homeless/Rough Sleepers | 13 Tenants |
| 2 Children up to 13 yrs | 8 Local Residents | 14 Travellers |
| 3 Disabled People | 9 Lone Parents | 15 Unemployed People |
| 4 Drug Users | 10 Over 50s | 16 Women |
| 5 Ex Offenders | 11 Basic Skills need | 17 Young People (13+) |
| 6 Gay/Lesbian needs | 12 Refugees/Asylum | 18 Other <i>please state</i> |

From the above list please specify ONE number which indicates:

Which people your group *mainly* works with at present:

The *main* beneficiaries of the project/activity which the SAMPLE Grant is for:

From the list above, please specify any other groups your organisation works with: (*please list all that apply*)

Approximately how many people do you expect to benefit from the proposed project/activity for which you require a SAMPLE Grant? (*please tick one*)

- | | | | | | | | |
|---------|--------------------------|---------|--------------------------|----------|--------------------------|-----------|--------------------------|
| 0-10 | <input type="checkbox"/> | 11-20 | <input type="checkbox"/> | 21-50 | <input type="checkbox"/> | 51-100 | <input type="checkbox"/> |
| 101-200 | <input type="checkbox"/> | 201-500 | <input type="checkbox"/> | 501-1000 | <input type="checkbox"/> | over 1000 | <input type="checkbox"/> |

Which of the following ethnic groups will your project/activity *mainly* serve?

- | | |
|--|---|
| <input type="checkbox"/> <u>White</u> | <input type="checkbox"/> <u>Black or Black British</u> |
| <input type="checkbox"/> British | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> African |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other Black background |
| * | * |
| <input type="checkbox"/> <u>Mixed</u> | <input type="checkbox"/> <u>Asian or Asian British</u> |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Any other Asian background |
| * | * |
| <input type="checkbox"/> <u>Chinese or other ethnic group</u> | |
| <input type="checkbox"/> Chinese | * <i>Please write in</i> |
| <input type="checkbox"/> Any other | |
| * | |

Where does your group operate? *(please list all the catchment areas you would cover)*

How much funding have you applied for from SAMPLE Grants? _____