 **Grant Application Form**

**(Grant no: / )**

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| **Name and address of your organisation:** |
| **Correspondent and position:** |
| **Daytime phone number**: **Email:** |

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| **Privacy Notice:****We ask for minimal personal data in order to process your grant application. Your data will be cared for in line with our privacy policy. Our full privacy notice can be found on our website:** [**www.fcsct.org.uk**](http://www.fcsct.org.uk) **or is available on request.** **\*\* We will never request personal information about charity beneficiaries. Where an organisation chooses to share information, for example in an evaluation, you are encouraged to anonymise content. If you choose to share information, photographs or video, please ensure you have written permission before sharing with FCSCT\*\*** |

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| **Please send completed applications to**:Helen CarterDirectorFrancis C Scott Charitable TrustStricklandgate House92 Stricklandgate Kendal LA9 4PU 01539 742608 info@fcsct.org.uk www.fcsct.org.uk*Registered Charity Number: 232131* |

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| fcsct_box_rgb_lg |  **Grant no: /**  |

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| **Please check before sending:** |  | Are you a registered charity / pursuing charitable purposes? |
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| *If you have any questions then* *contact us on: 01539 742608**or e-mail to info@fcsct.org.uk* |  | Is your project based in Cumbria or North Lancs? |
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|  | Is your project addressing community deprivation? |
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|  | Please attach a copy of your last audited/signed accounts |

*NB: applications to FCSCT and the Frieda Scott Trust for the same project are not encouraged*

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| Name of your organisation:  |
| Bank Account Title:  | Previous application: YES/NO (If YES, when: ) |
| Registered charity No:  |

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| 1. What is the history or background of your organisation? |
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| 2. Briefly describe the project or service you want funding for: |

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| 3. What needs are you trying to address - if your project is the solution, what's the problem? |

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| 4. Would you describe the community or group you serve as deprived (and why)? |

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| 5. What is the structure of your organisation? | Please indicate numbers of: |
| - Trustees |  |
| - Full-time staff |  |
| - Part-time staff |  |
| - Volunteers |  |

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| 6. How many people will benefit (please provide estimates of age and gender)? |

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| 7. Who else has been involved in the planning of this service/project? |

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| 8. Who else is providing this type of service in your area? |

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| 9. (a) | Do you have policies for safeguarding children and vulnerable adults? | Y/N |
|  | (b) | Do all staff/volunteers working with children/vulnerable adults have a DBS checked? | Y/N |
|  | (c) | Are any premises you propose to use fully accessible? (including by public transport) | Y/N |

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| 10. What is the total cost of the project? |
| Year 1 = £ | Year 2 = £ | Year 3 = £ | TOTAL = £ |

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| 11. Please give a breakdown of the costs involved (add your own cost items where appropriate) |
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| **CAPITAL COSTS** | Year 1 | Year 2 | Year 3 | TOTAL |
| - building | £ | £ | £ | £ |
| - equipment | £ | £ | £ | £ |
| - vehicles | £ | £ | £ | £ |
| - other? | £ | £ | £ | £ |
| - other? | £ | £ | £ | £ |
|  |  |  |  |  |
| **REVENUE COSTS** | Year 1 | Year 2 | Year 3 | TOTAL |
| - salaries (including NI) | £ | £ | £ | £ |
| - pension | £ | £ | £ | £ |
| - rent & rates | £ | £ | £ | £ |
| - office (phone, post, stationery, etc) | £ | £ | £ | £ |
| - heating, lighting, etc | £ | £ | £ | £ |
| - insurance | £ | £ | £ | £ |
| - promotional materials | £ | £ | £ | £ |
| - staff training | £ | £ | £ | £ |
| - training for beneficiaries | £ | £ | £ | £ |
| - recruitment | £ | £ | £ | £ |
| - travel | £ | £ | £ | £ |
| - other? | £ | £ | £ | £ |
| - other? | £ | £ | £ | £ |
| - other? | £ | £ | £ | £ |
| TOTAL FOR CAPITAL & REVENUE | £ | £ | £ | £ |

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| 12. What sums have already been raised or promised (including expected income)? |
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| **SOURCE** | Year 1 | Year 2 | Year 3 | TOTAL |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| TOTAL FOR CAPITAL & REVENUE | £ | £ | £ | £ |

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| 13. What is the current shortfall in funding for the project? |
| Year 1 = £ | Year 2 = £ | Year 3 = £ | TOTAL = £ |

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| 14. What other funds have you applied for (and when will the funding *decision* be made)? |
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| **SOURCE** | Year 1 | Year 2 | Year 3 | TOTAL | *decision* |
|  | £ | £ | £ | £ |  |
|  | £ | £ | £ | £ |  |
|  | £ | £ | £ | £ |  |
|  | £ | £ | £ | £ |  |
|  | £ | £ | £ | £ |  |
| TOTAL APPLIED FOR  | £ | £ | £ | £ |  |

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| **15. What are the total funds you are seeking from this Trust?** |
| **Year 1 = £** | **Year 2 = £** | **Year 3 = £** | **TOTAL = £** |

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| 16. How will you evaluate the work for which you are applying (e.g. targets/outcomes/impact)? |

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| SIGNED: | DATE: |
| PRINT NAME: |
| Please answer all questions on this form in making your application. You are welcome to provide supporting information if you think it would help us to understand your application better. You can post or e-mail completed applications, along with your latest accounts, to: |
| Helen Carter, DirectorFrancis C Scott Charitable TrustStricklandgate House92 StricklandgateKendal, Cumbria, LA9 4PU | T: 01539 742608 E: info@fcsct.org.uk W: [www.fcsct.org.uk](http://www.fcsct.org.uk)*Registered Charity No: 232131*  |