 **Grant Application Form**

**(Grant no: / )**

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

|  |
| --- |
| **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\*\*** |

|  |
| --- |
| **Please send completed applications to**:  Helen Carter  Director  Francis C Scott Charitable Trust  Stricklandgate House  92 Stricklandgate  Kendal LA9 4PU  01539 742608 info@fcsct.org.uk  www.fcsct.org.uk  *Registered Charity Number: 232131* |

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

|  |
| --- |
| **Please check before sending:** |
|  |  |  |
| *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? |
|  |  |
|  | Is your project supporting positive outcomes for young people? |
|  |  |
|  | Have you attached a copy of your latest audited & signed accounts? |

Has a Trustee or non-paid Director signed this application?

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

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

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

|  |
| --- |
| 3. What changes will your project make and for whom? In what way will this be helpful to them? |

|  |
| --- |
| 4. Please describe the community or group you will be working with. (What are their assets and what challenges are they experiencing?) |

|  |  |  |
| --- | --- | --- |
| 5a. What is the structure of your organisation?  5b. If you are a CIC do you have any unpaid Directors? | Please indicate numbers of: | |
| - Trustees |  |
| - Full-time staff |  |
| - Part-time staff |  |
| - Volunteers |  |

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

|  |
| --- |
| 7. Who has been involved in the planning of this project? |

|  |
| --- |
| 8. How does your organisation and this project contribute to other services locally? |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. Please give a breakdown of the costs involved (add your own cost items where appropriate) | | | | |
|  |  |  |  |  |
| **CAPITAL COSTS (please provide a breakdown below)** | Year 1 | Year 2 | Year 3 | TOTAL |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  |  |  |  |  |
| **REVENUE COSTS (please provide a breakdown below)** | Year 1 | Year 2 | Year 3 | TOTAL |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
|  | £ | £ | £ | £ |
| TOTAL FOR CAPITAL & REVENUE | £ | £ | £ | £ |

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

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

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

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

|  |
| --- |
| 16. How will you know if the project is successful? (e.g. targets/outcomes/impact)? |

|  |  |  |
| --- | --- | --- |
| SIGNED: | | DATE: |
| PRINT NAME: | | POSITION: |
| SIGNED: DATE: | | |
| PRINT NAME: POSITION: | | |
| 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, Director  Francis C Scott Charitable Trust  Stricklandgate House  92 Stricklandgate  Kendal, 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* | |