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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please fill in the form below to start your application. The more information you can provide, the easier it will be to assess your application.  We would appreciate it if you could, where possible, complete and submit this form electronically (including scanned copies of quotes.) You may still send a hard copy and quotes by post if you wish to.  If you have any questions or need help completing this form, please call us on 01462 476057 or email grants@letchworth.com | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 1: Tell us a little about your group.** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of your group: | | | | | | | | | | | | | | | | | | | | | | | |
| Address of your group: | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | Group email: | | | | | |  | | | | | | | | | | | | | |
| Telephone: | | | | | |  | | | | | | | | | | | | | |
| Website of your group: | | | | | | | | | | | | | | | | | | | | | | | |
| Your name: | | | | | | | | | | | | | | | | | | | | | | | |
| The main contact of your group (for this application): | | | | | | | | | | | | | | | | | | | | | | | |
| Position held in the group (if applicable): | | | | | | | | | | | | | | | | | | | | | | | |
| Contact address:  Tick if main correspondence address for application. | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | Main email address: | | | | | |  | | | | | | | | | | | | | |
| Contact daytime telephone number: | | | | | | | | | |  | | | | | | | | | | | | | |
| Contact mobile telephone number: | | | | | | | | | |  | | | | | | | | | | | | | |
| **Step 2: Tell us more about your group** | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe the purpose of your group and how the group meets this purpose: | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly describe the main activities of your group: | | | | | | | | | | | | | | | | | | | | | | | |
| For groups with memberships: (Please complete where applicable)   * How many members do you have in your group? * How many members of your group live in Letchworth? * How much does it cost to be a member of your group? £ * How many paid members of staff does your group have? * How many volunteers does your group have? | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 3: Tell us about your proposal** | | | | | | | | | | | | | | | | | | | | | | | |
| Which one of our Charitable Commitments best describes the aims of your proposal?  To preserve buildings and other environmental features within Letchworth Garden City.  To provide recreation facilities and activities.  To advance education and learning.  To provide facilities and services to support a healthier lifestyle. | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe your proposal**  **What** will your group be taking part in?  **When** will it be taking place?  **Where** will it be taking place? | | | | | | | | | | | | | | | | | | | | | | | |
| How many people will directly benefit from your proposal? (Number)  How many of these people live in Letchworth Garden City? (Number) | | | | | | | | | | | | | | | | | | | | | | | |
| Please explain the difference your proposal will make to those that will benefit: | | | | | | | | | | | | | | | | | | | | | | | |
| If your application is successful, how do you propose to continue with the project after this funding comes to an end? ...Or is it a one off project or activity? (please tick A or specify in B below)   1. It is a one off project / activity.   **Or,**   1. Please specify how you propose to continue with the project after this funding ends: | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 4: Financing your proposal** | | | | | | | | | | | | | | | | | | | | | | | |
| What is the estimated cost of your proposal? | | | | | | | | | | | £ | | | | | | | | | | | | |
| How much funding are you looking for from us? | | | | | | | | | | | £ | | | | | | | | | | | | |
| What is the cost breakdown of your proposal? (give an itemised breakdown – e.g. hall hire @ £25 per hour = £250) | | | | | | | | | | | Have you raised anything towards your proposal so far? If so, please list in the boxes below: who from, how much and what it will be spent on | | | | | | | | | | | | |
| Item | | | | Cost £ | | | | | | | Other funder | | | | | | Amount | | | To pay for: | | | |
| Please attach copies of supplier quotes for materials and / or services in your proposal.  Please include a copy of your most recent monthly accounts and / or a bank / building society statement. | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 5: Your Bank Details** | | | | | | | | | | | | | | | | | | | | | | | |
| To help process the payment of grants please complete the following: | | | | | | | | | | | | | | | | | | | | | | | |
| Name on Account: | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | | | | | | | Branch: | | | | | | | | | | | | | | |
| Account Number: | |  |  |  |  | |  | |  | |  | |  | | Sort Code: | | |  | |  | |  | |
| For a Building Society account please tick here :  | | | | | | | | | | | | | | | | | | | | | | | |
| Building Society Ref |  |  |  |  | | / | |  | |  | |  | |  | |  | |  |  | |  |  | |
| **Step 6: Check your application** | | | | | | | | | | | | | | | | | | | | | | | |
| Before signing and sending your application to us, please check you have: | | | | | | | | | | | | | | | | | | | | | | | |
| Read through your application and completed all the sections which apply to your group. | | | | | | | | | | | | | | | | | | | | | | | |
| Included copies of supplier quotes for materials and / or services in your proposal. | | | | | | | | | | | | | | | | | | | | | | | |
| Included a copy of your most recent monthly accounts and / or a bank or building society statement. | | | | | | | | | | | | | | | | | | | | | | | |
| Attached any further documentation to support your application. | | | | | | | | | | | | | | | | | | | | | | | |
| Included a copy of your Safeguarding policy if your proposal involves working with children or vulnerable adults. | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 7: Data Protection** | | | | | | | | | | | | | | | | | | | | | | |
| As part of the application process we are very aware we are collecting personal information, the purpose of collecting this personal information is to:   * Enable a member of the Grants Team to contact you during the application process should we need further information about your application. * Be able to assess your application as thoroughly as possible * Communicate the outcome of the application to your group, manage subsequent actions which could include payments, the monitoring of the grant and evaluating the outcomes of the grant   The data submitted in this application will be held for a maximum of three years and after the term of the grant, information will only be used for the purpose of evaluating our grant programmes.  The data provided in this application is held securely in line with Data Protection legislation and is only used for the purposes of assessing, managing and evaluating the grant. The data will not be shared with other groups or organisations. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Step 8: Declaration** | | | | | | | | | | | | | | | | | | | | | | |
| Tick the boxes and sign below to confirm that:   |  |  |  | | --- | --- | --- | | You have been authorised by the organisation (through the board or committee running your organisation) to submit the application |  | I agree | | All the information you have supplied is accurate and complete and we can contact you for further information if needed. |  | I agree | | You understand and consent that we will only use the data contained in this application for the purposes explained in Section 7 |  | I agree | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| When completing and submitting this form electronically, it’s not necessary to print this page and sign manually as an electronic signature is acceptable. | | | | | | | | | | | | | | | | | | | | | | | |
| **For you to complete** | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | | | | Date | | | | | | | | | | | | |
| Print name | | | | | | | | | | | Position | | | | | | | | | | | | |
| **For a** **member of your Management Committee to complete** | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | | | | Date | | | | | | | | | | | | |
| Print name | | | | | | | | | | | Position in group or profession | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |
| **Step 9: Send us your application** | | | | | | | | | | | | | | | | | | | | | | | |
| We will acknowledge receipt of your application, (received by email where possible), as soon as we receive it.  For details of our Deadline and Decision Dates, please see our website. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Supplementary Information**  From time to time we may wish to contact you with regard to funding opportunities, if you would like to receive this information please tick the box   You can unsubscribe at any time by calling 01462 476057 or by emailing [response@letchworth.com](mailto:response@letchworth.com) | | | | | | | | | | | | | | | | | | | | | | |

Email your completed form and supporting documents to grants@letchworth.com or print & post with supporting documents:

Grants Team

Freepost RSSB-UHEX-JXAK

Letchworth Garden City Heritage Foundation

Foundation House

Icknield Way

Letchworth Garden City

Hertfordshire, SG6 1GD