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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To start your application please fill in the boxes below. 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 to the address at the end of the application form  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 if this is not you): | | | | | | | | | | | | | | | | | | | | | | |
| Position held in the group (if applicable): | | | | | | | | | | | | | | | | | | | | | | |
| Main Contact address (if different from above):  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 what the group does to meets this purpose: | | | | | | | | | | | | | | | | | | | | | | |
| Please can you tell us:  £   * 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? **PTO** | | | | | | | | | | | | | | | | | | | | | | |
| **Step 3: Tell us about your proposal** | | | | | | | | | | | | | | | | | | | | | | |
| Which one of our Charitable Commitments best describes the main benefit of your proposal?  To preserve buildings and other environmental features within Letchworth Garden City.  To provide recreational 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?  **Where** will it be taking place?  **When** 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: | | | | | | | | | | | | | | | | | | | | | | |
| **Step 4: Financing your proposal** | | | | | | | | | | | | | | | | | | | | | | |
| How much will your proposal cost? | | | | | | | | | | | £ | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | |
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| **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 Letchworth.com. | | | | | | | | | | | | | | | | | | | | | | |
| Email your completed form and supporting documents to grants@letchworth.com or print & post with supporting documents:  Foundation Grants  Freepost RSSB-UHEX-JXAK  Letchworth Garden City Heritage Foundation  Foundation House  Icknield Way  Letchworth Garden City  Hertfordshire, SG6 1GD | | | | | | | | | | | | | | | | | | | | | | |
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| **Additional Information** | | | | | | | | | | | | | | | | | | | | | | |
| The following is not linked to the application process it is linked to the more general role of the Foundation supporting local community groups. If you would like to be contacted with regard to opportunities that may be beneficial to your group, such as promotion in Out and About or the Tourist Information Centre, Funding or Training please tick the box   You can unsubscribe at any time by calling 01462 476057 or by emailing [response@letchworth.com](mailto:response@letchworth.com) | | | | | | | | | | | | | | | | | | | | | | |