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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  We would appreciate it if you could, where possible, complete and submit this form electronically (including scanned copies of quotes). You may still submit a hard copy if you wish.  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 you.** (For individual and group applications) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your name**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who are you applying on behalf of?   |  |  | | --- | --- | |  A group / organisation | **(please go to step 2 then step 4)** | |  An individual person / myself | **(please go to step 3)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Daytime telephone number: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Your mobile telephone number: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Your email address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Step 2: Tell us about your group** (For group applications only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of group: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Website of group: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Position you hold in the group: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| For groups with memberships:   * How many members do you have in your group? * How many members of your group live in Letchworth Garden City? * 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How would you best describe your group?  Charity Social Enterprise  Sports Club  Community Group CICN/A - Individual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 3: Tell us more about your application** (For individual applicants only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who is the beneficiary of this application?   Myself   I am applying on behalf of someone else. Their name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   They are over 12 years of age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the present level of the individual’s achievement in their/your discipline (e.g. County Youth Orchestra, Athletics 100 metres U16 East of England, World Masters Athletics, M60 400m)  For all individual applications we require evidence of achievement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 4: Tell us about your proposal** (For all applicants) **PTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your proposal in a maximum of 500 words, including:  The need you have and how you / your group has identified this need.  How your proposal will meet the need or needs you have identified.  If there is more than one person benefitting from your proposal, how were they identified as being eligible to participate?  Describe the skills that the people involved in delivering your proposal have to make it successful and enable it to meet the needs you have identified. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please explain the difference your proposal will make. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In a maximum of 100 words, please explain how you plan to measure the success of your proposal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your proposal is successful, what will be the wider benefits for you, other members of your group, (if applicable) Letchworth Garden City or the wider community? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 5: 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. coaching @ £25 per hour = £75) | | | | | | | | | | | | | | | | 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 list any other funding you have applied for (if the funding is for a specific part of your proposal include this here) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funder | | | | | | | Amount £ | | | | | | | | | Purchase | | | | | | | When will you hear back? | | | | | | | |
| How do you envisage the proposal continuing after this funding comes to an end or is it a one off project or activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For groups**, please include a copy of your most recent monthly accounts and / or a bank or building society statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 6: Your Bank Details** (This must be a parent/guardian if the applicant is under 18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To process the payment of grants please complete the following… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name on Account: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | | | | | | | Branch: | | | | | | | | | | | | | | | | | | | | | |
| Account Number: |  |  |  | |  |  | | | |  | |  | |  | | Sort code: | | |  | | | |  | | | |  | | | |
| If this is a Building Society account please tick here  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building Society Reference Number | | | |  | |  | | | | |  | |  | | **/** |  | |  | |  |  | |  |  |  | | |  |  |  |
| **Step 7: 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Included copies of supplier quotes for materials and / or services in your proposal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attached any further documentation to support your application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For groups** – included a copy of your most recent monthly accounts and / or a bank or building society statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For groups** – included a copy of your Safeguarding Policy if your proposal involves working with children or vulnerable adults. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 8: 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 9: Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick the boxes and sign below to confirm that: **PTO**   |  |  |  | | --- | --- | --- | | If you are applying for an applicant under the age of 18 you have been authorised by that person to submit the application on their behalf |  | I agree | | If the applicant is under the age of 18 you have shared with them how their data will be used in connection with this 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 8 |  | 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:** (A parent/guardian signature is required if the beneficiary is under 18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | |
| Print name | | | | | | | | | | | | | | | | Position | | | | | | | | | | | | | | |
| **For groups or organisations a member of your Management Committee / relevant professional to complete:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | |
| Print name | | | | | | | | | | | | | | | | Position in group or profession | | | | | | | | | | | | | | |
| **Step 10: Send us your application**  We will acknowledge receipt of your application, received by email if possible, as soon as we receive it.  For details of our Deadline and Decision Dates, please see our website. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |