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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To start your application please fill in the application form below. The more information you can provide, the easier it will be to understand and assess your application.  Due to COVID we are working remotely, so the form and supporting documents need to be completed and submitted electronically (including copies of quotes).  If this creates any problems or you need help completing this form, please call us on 07714 521567 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 this application. | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | Main email address: | | | | | |  | | | | | | | | | | | |
| Contact daytime telephone number: | | | | | | | | |  | | | | | | | | | | | |
| Contact mobile telephone number: | | | | | | | | |  | | | | | | | | | | | |
| **Step 2: Tell us more about your group** | | | | | | | | | | | | | | | | | | | | |
| How would you best describe your group?  Charity Registered Company Club Community Group CIC  Individual | | | | | | | | | | | | | | | | | | | | |
| When was your group formed? (please give a date or how long you have been active) | | | | | | | | | | | | | | | | | | | | |
| Briefly describe the what your group does: | | | | | | | | | | | | | | | | | | | | |
| 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.  To provide recreation facilities and activities.  To advance education and learning.  To provide facilities and services to support a healthier lifestyle. | | | | | | | | | | | | | | | | | | | | |
| What is the title of your project/programme or activity? | | | | | | | | | | | | | | | | | | | | |
| To help us understand what you would like funding for, please share with us:  The need/problem or challenge that your group has identified either due to the impact of Covid or as you or your group look ahead into 2022  How you or your group has identified this need/problem or challenge.  If you have information about the level of need or details of the difficulty of the challenge that you could share with us that would be helpful. | | | | | | | | | | | | | | | | | | | | |
| What your group is proposing to do to meet this need/problem or challenge | | | | | | | | | | | | | | | | | | | | |
| Where your proposal will be taking place? | | | | | | | | | | | | | | | | | | | | |
| Can you describe the skills you have within your group or will be bringing in to your group to successfully deliver your proposal? | | | | | | | | | | | | | | | | | | | | |
| Please share the main outcomes that you hope to see or achieve as a result of the proposal | | | | | | | | | | | | | | | | | | | | |
| How you can show the main outcomes have been achieved and the general success of the proposal. | | | | | | | | | | | | | | | | | | | | |
| What would happen if you were unsuccessful in gaining a grant? | | | | | | | | | | | | | | | | | | | | |
| How many people will directly benefit from your proposal? (Number)  How many of these people live in Letchworth Garden City? (Number) | | | | | | | | | | | | | | | | | | | | |
| PR & Communications:  In what way are you able to support outreach to help other groups like yourself to hear about our grants programme (please circle as many as required)?:  Communicate the grant award on your social media (please tag our channels) Y/N  Create deliverables such as printed activity sheets/maps etc incorporating our grants logo Y/N  Take part in a video interview Y/N  Have a sign put in/on the outside of your building Y/N  Other- | | | | | | | | | | | | | | | | | | | | |
| **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. 4hours staffing @ £25 per hour = £100) | | | | | | | | | | 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.  Large items, building works or services may involve the need for more than one quote, up to a maximum of three. | | | | | | | | | | | | | | | | | | | | |
| Please list any other funding you have applied for (if this funding is for a specific part of your proposal include this here) | | | | | | | | | | | | | | | | | | | | |
| Funder | | | | | | Amount £ | | | | | | To pay for | | | | | | When will you hear back? | | |
| If your proposal extends beyond one of our financial years (1 January to 31 December), please indicate how much will be spent in each year.  2022  2023 | | | | | | | | | | | | | | | | | | | | |
| 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. We propose to continue with the project after this funding ends by: | | | | | | | | | | | | | | | | | | | | |
| Please include a copy of your most recent monthly accounts including a copy of a recent bank and / or building society statement. *It is important we receive this with your application.* | | | | | | | | | | | | | | | | | | | | |
| **Step 5: Your Bank Details** | | | | | | | | | | | | | | | | | | | | |
| To help process the payment of grants 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 **PTO** | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | |
| If relevant included copies of supplier quotes for materials and / or services in your proposal. | | | | | | | | | | | | | | | | | | | | |
| Included a copy of your most recent monthly accounts and a recent 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 * Make groups aware of Heritage Foundation grants and wider grants of interest to the group   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 General 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 to the 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 Board or 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, by email if possible, as soon as we receive it. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Supplementary Information**  From time to time we may wish to contact you about funding opportunities, if you would like to receive this information please tick the box   You can unsubscribe at any time by calling 07714521567 or by emailing [grants@letchworth.com](mailto:grants@letchworth.com) | | | | | | | | | | | | | | | | | | | | |
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Grants

Letchworth Garden City Heritage Foundation

1 Garden City

Broadway

Letchworth Garden City

Hertfordshire, SG6 3BF