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| --- |
| When completing the application form, the more information you can provide the easier it will be to understand and assess your application.We have adopted a hybrid working pattern so if you are posting or delivering the form by hand you may not hear from us for a couple of days.If at any time you need help completing this form, please call us on 07714 521567 or email grants@letchworth.com. |
| **Step 1: Tell us about your group.** |
| Name of your group: |
| Address of your group: |
| Postcode: | Group email:  |  |
| Telephone: |  |
| 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  Resident Group  |
| Briefly describe the what your group does:(not applicable to residents groups) |
| **Step 3: Share with us your Jubilee proposal** |
| Let us know what your group is proposing to do, where and when any activities or events will be taking place and how the grant will help with your proposal? |
|  |
| What do you think will be the benefit for those taking part in your activity or event? |
| How many people will directly benefit from your proposal? (Number)How many of these people live in Letchworth Garden City? (Number)  |
| PR & Communications:As part of the application we would like to  |
| **Step 4: Financing your proposal** |
| What is the estimated cost of your proposal? | £ |
| How much funding are you looking for from us?  | £ |
| How will the grant be spent |
| Item | Cost £ |
| 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. |
| **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. |
| 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 9 months 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 |

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| 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 |
|  |  |
| **Step 9: Send us your application** |
| We will acknowledge receipt of your application, by email if possible, as soon as we receive it. |
|  |

Grants

Letchworth Garden City Heritage Foundation

1 Garden City

Broadway

Letchworth Garden City

Hertfordshire, SG6 3BF