

**Eric Wright Charitable Trust Small Grants Pot 2018**

**Application Form**

Please read the guidance notes to help you to complete this form.

**Please note: 10% of any grant awarded will be retained by WLCVS until the receipt of a one page evaluation summary and photograph (if appropriate) of your completed project.**

# SECTION ONE – GROUP & PROJECT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Group** |  | | | |
| **Name of Project/Activity** |  | | | |
| **Where is your group based? (address including postcode)** |  | | | |
| **When was your group established?** |  | | | |
| **How many people are involved in the group?** | **Committee/Board** |  | **Volunteers** |  |
| **Paid Staff** |  | **Members** |  |
|  |  |  |  |  |
| **Is your group part of a larger organisation? If yes, please provide brief details.** | | | | |
| **Your group must have a set of rules or a constitution - please supply a signed copy.**  **(If you don’t have the above, please contact CVS for support & guidance)** | | | | |
| **Your group must have procedures to cover equal opportunities and child and vulnerable adult safeguarding - Please enclose a signed copy.**  **(If you don’t have the above, please contact CVS for support & guidance)** | | | | |
| **Please provide a signed copy of your latest annual report / last three months of accounts / simple financial statement.**  **(If you don’t have the above, please contact CVS for support & guidance).** | | | | |

# SECTION TWO – CONTACT DETAILS

*(Section Two is confidential and will be used for administrative purposes only)*

|  |  |  |
| --- | --- | --- |
| **Contact Name**  *Details of the person who is able to discuss this application.* |  | |
| **Contact’s position within the group** |  | |
| **Address of contact** (if different from group address)  **Postcode** | | |
| **Contact Numbers** | **Home** |  |
| **Work** |  |
| **Mobile** |  |
| **Email Address** |  | |
| **Group Bank/Building Society -**  **Name:**  **Address:**  **Postcode:**  **Account Name:**  **Sort Code:**  **Account Number:** | | |
| **If your group does not have a bank account, please explain what alternative accounting arrangements will be made.** |  | |

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**SECTION THREE - PROJECT DETAILS**

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| Name of project/activity |
| What does the project or activity involve (350 word max)? Please make sure that the project addresses one or more of the identified health priorities (i.e. strengthening communities, increasing community resilience, keeping people well): |
| When will the project start and end (it should not have started before the approval for funding has been granted and confirmed in writing)? |
| Who & how many individuals will benefit from the project/activity? |
| Please describe any particular social issues associated with the area in which the project/activity will take place. (350 word max) |
| What evidence do you have to show that your project/activity is needed? (350 word max) |
| Which neighbourhood will the project be delivered in? Skelmersdale/Upholland  Ormskirk/Aughton  Burscough & the Northern Parishes  (i.e. not Ormskirk / Aughton / Skelmersdale) |
| What difference will your project make (see guidance notes)? (350 word max) |
| Any additional Information (350 words max) |

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# SECTION FOUR – FINANCIAL DETAILS

|  |  |  |
| --- | --- | --- |
| Please provide a detailed breakdown of how the grant will be spent and enclose any evidence of money needed, e.g. estimates, quotations | | |
| ITEM | COST | |
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| How much money do you require in total to provide your project/activity? | £ | P |
|  |  |
| How much money are you requesting from this pot? (Max £500 and figure must be no more than the costs identified above) |  |  |
| If the total cost of the project is more than £500 please state where you have received the remainder of the funding from / where it has been pledged from: | | |

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# DECLARATION

|  |  |
| --- | --- |
| I confirm that the information contained in this form is accurate. | |
| Name in block capitals |  |
| Signature |  |
| Position in group |  |
| Date |  |

# APPLICATION CHECKLIST

|  |  |  |
| --- | --- | --- |
| Have you included the following with your application? | Yes | No |
| A fully completed application form |  |  |
| Your group’s rules or constitution |  |  |
| A copy of your group’s Safeguarding policy |  |  |
| All other relevant documents |  |  |

# Please return your completed application form to:

Please return completed application form to Vicky Attwood at the address given below or send by email to [**enquiries@wlcvs.org**](mailto:enquiries@wlcvs.org)(type “Eric Wright Charitable Trust” in subject line).

Eric Wright Charitable Trust, West Lancs CVS, Certacs House, 10-12 Westgate

Skelmersdale, Lancashire, WN8 8AZ.

Tel: 01695 733737 / email: [enquiries@wlcvs.org](mailto:enquiries@wlcvs.org)

**CVS Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation** | |  | | | |
| **Project Name** | |  | | | |
| ***CVS Use Only*** | | **APPLICATION NO:** |  | **Date Received** |  |
| **Amount Req (£)** |  |
| **Date Result Acknowledged** |  |
| **Unsuccessful** |  | **Deferred** |  | **Successful** |  |
| **Skelmersdale** |  | **Ormskirk/Aughton** |  | **Burscough and Northern Parishes** |  |