

**Eric Wright Charitable Trust Small Grants Pot 2025-6**

**Application Form – grants up to £1,000**

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 |
| Which neighbourhood will the project be delivered in?Skelmersdale/Upholland Ormskirk/AughtonBurscough & the Northern Parishes (i.e. not Ormskirk / Aughton / Skelmersdale)All of West Lancs |
| What do you want the funding for? Please describe how the project addresses one of the priorities (older people, health, carers, young people or education and training). [300 words max] |
| 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?  |
| What evidence do you have to show that your project/activity is needed? [300 word max] |
| What difference will your project make (see guidance notes)? [300 word max] |
| How will you evaluate this project? [200 words max] |
| Any additional Information (350 words max) |

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# SECTION FOUR – FINANCIAL DETAILS

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| 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 £1,000 and figure must be no more than the costs identified above) |  |  |
| If the total cost of the project is more than £1,000 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 Dot Fowell by email to **dot@wlcvs.org**(type “Eric Wright Charitable Trust” in subject line).

Tel: 01695 733737

**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** |  |