**ORGANISATION APPLICATION FORM**

Please note that all applications must be submitted a minimum of 6 weeks before money is required

|  |  |
| --- | --- |
| **Name of organisation:** |  |
| **Website/social media links:** |  |
|  |
|  |
|  |
| **Status of organisation:** i.e.Charity, CIC, not for profit community group |  |
| **Purpose of organisation – mission statement or similar** |  |
| **Registration number if applicable:** |  |
| **Registered address of organisation:** |  |
| **Main contact name:** |  |
| **Position in organisation:** |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| |  |  |  | | --- | --- | --- | | Date application submitted: |  | | | Application number and category: (for office use) | App no: |  | | W2 – Welfare Group |  | | C1 – Community Group |  | | A1 – Arts organisation |  | | E2 – Pre School |  | | Name of project or event: |  | | | Dates of potential project or event |  | | | Amount requested: |  | | | |

|  |  |  |
| --- | --- | --- |
| Breakdown of costs involved: |  | |
| Example of partnership working in Chippenham. Are you collaborating with any other groups or individuals for your event/project? |  | |
|  | Core Policy as stated in our Policy document | Please tick and mention how you will do this. (You can go into greater detail at the end of the form) |
| Which of our Core Policies does it refer to? i.e. Education, Welfare, Community engagement, Arts, Leisure. Tick the boxes that apply to your application. | Does your project/event support older people, people suffering from an illness, those with a disability or those on low incomes who are residents of Chippenham? | |  | | --- | |  | |
| Does it support the enhancement of facilities for recreation or other leisure-time occupations for the residents of Chippenham? | |  | | --- | |  | |
| Does your project support the advancement of education for the benefit of the inhabitants of Chippenham? (This can be  any type of learning, formal or otherwise) | |  | | --- | |  | |
| The promotion of any other charitable purpose for the benefit of the inhabitants of Chippenham. (This can be your community impact also) | |  | | --- | |  | |
| Please tick yes or no: Does your organisation have:  An Inclusive policy:  Paid Employees  Paid Freelancers  Paid Directors  Volunteers  Unpaid Directors. | Yes | No |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Revenue Streams: Do you charge your members a subscription or weekly fee? If so please state how much and how many members pay. |  | |
| Do you donate to charity? |  | |
| Community Benefit.  Please mention the way in which residents of Chippenham will benefit from your event/project. |  | |
| Number of members that you have who live in Chippenham. |  | |
| Population served (age range) |  | |
| How long has the organisation been in Chippenham? |  | |
| Do you offer free or subsidised places? |  | |
| Quality of provision – how do we know that you are providing a high standard of service?  Include some quotes if possible and tell us about your experience in your field. Please include in additional information if you wish. |  | |
| Previous applications:  *Please list any previous applications made to us in the last two years and the dates that you received the award if successful. Also mention any rejected applications and the reason given for rejection* |  | |
|  | |
| If you have previously received an award from us – please tick to say that an evaluation was received  Please mention any relevant comments from it here. | |  | | --- | |  | | |
| Bank statement – tick to say that you have attached a copy of your latest statement | |  | | --- | |  | | |
| Accounts – a link to your registered accounts or attach them separately. |  | |
| Reserves policy if you have one. |  | |
| Match funding:  *Any other funding being applied for or already received.* |  | |
| Safeguarding policy - attached or include a link if you work with vulnerable people or those under 18. |  | |
| Would the event happen without our funding? |  | |
| Evaluation and reflection:  How will you gather opinion on whether the event/project was successful and whether anything could be improved in future? | | |
| How will you promote your award if successful? |  | |
| Additional information on your application. Please mention why you would like to apply and tell us about the merits of your project/event. Go in to as much detail as you need to. | | |

|  |
| --- |
| We will be using social media to make people aware of any awards made. Please sign to say that you agree to this:  Signed: |
| Date: |

|  |
| --- |
| For Office Use only: |
| Grants Officer Comments: |
|  |
| Date: |
| CEO Comments: |
|  |
| Date: |