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E1 - 2022-23

School/College Grant Application Form

Please note we require at least six weeks to process your application

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| Organisation Name and Address: | | |  | | | | |
| Contact Name of applicant: | | |  | | | | |
| Role at organisation: | | |  | | | | |
| Contact email address: | | |  | | | | |
| Direct telephone number: | | |  | | | | |
| Contact name of Chair of Governors | | |  | | | | |
| Contact email for Chair of Governors | | |  | | | | |
| Name of Business Manager/Finance Officer | | |  | | | | |
| Email: |  | | Telephone: | | |  | |
| Bank Account name | | |  | | | | |
| Sort Code: |  | | Account number | | |  | |
| Title of project/event/resource: | | | | | | | |
|  | | | | | | | |
| What do you want to do? Project content: | | | | | | | |
| Date(s) of project/event/resource: | | | |  | | | |
| Reason/rationale for the project.  Why do you want to deliver this project and how will it impact the school and your community? | | | | | | | |
|  | | | | | | | |
| Age group and number of pupils/people involved: | | | | |  | | |
| Is the event accessible to those with additional needs? | | | | |  | | |
| Total Cost: | | £ | | | Amount from CBLC: | | £ |
| Any contributions from PTA/parents or carers. | | | | | | | |
| Please provide the name and details of any external providers that you are using:  OR provide the name and details of any external organisations or freelancers: | | | | | | | |
|  | | | | | | | |
| Please provide a link to their website: \  If they don’t’ have one, please attach their CV or professional qualifications in their field. | | | | | | | |
|  | | | | | | | |
| What do you hope that the young people will gain from this experience/project and how does it link to the curriculum?  Please provide 4 bullet points of expected impact and assessment measures   * Parent feedback * Student feedback * Evaluation forms * Interviews * Quotes, photographs | | | | | | | |
| Experience: | | | | | Impact Assessment Measure: | | |
| How will you publicise that CBLC has helped to fund this event? | | | | | | | |
| * Social media – Please tick the ones that you use and add in your username:  |  |  | | --- | --- | | Facebook |  | | Twitter |  | | Instagram |  | | One Chippenham |  | | | | | | | | |
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| Signed and Checked by Head: |  |
| Date: |  |
| Signed by Chair of Governors: |  |
| Date: |  |
| *Notes to Organisations:*   * *We cannot accept any retrospective applications and must have at least 6 weeks to process any applications* * *We cannot accept any applications which promote religion* * *We cannot fund any salaries, only project costs which may include a freelance wage.* * *We cannot accept an application from you if you have any outstanding awards which haven’t been claimed or evaluated.* | |

Evaluation

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| Title of project/event/resource: |
| Date: |

Evidence of evaluation – Please provide links to social media and attach any newsletters to parents:

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1. Were you and the other organisers happy with the event/project/resource and the people/organisation that delivered or provided it?

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1. Is there anything that could have been improved?

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1. Would you recommend this event or resource to others?

Please rate it between 1-10, 10 being the highest and 1 the lowest.

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| --- | --- |
| Recommendation (please circle) | Yes/No |
| Value for money |  |
| Experience of recipients |  |
| Quality of provision |  |
| Overall rating |  |

1. Any other relevant information

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For grants over £750 please attach greater detail, including photographs and any testimonials.

Please email your form to [admin@cblc.org.uk](mailto:admin@cblc.org.uk) with any additional evidence within 4 weeks of your event or project.

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**For Education Officer**:

Date of visit and any comments:

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| Chippenham Borough Lands Charity | Bank House | Bath Road | Chippenham | Wiltshire | SN15 2SA |

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| --- | --- | --- | --- | --- |
| T: 01249 658180 | E: admin@cblc.org.uk | www.cblc.org.uk | Charity Number: 270062 |  |

