



Our Town, Our Community, Our Fund

# Application Form

FOR ORGANISATIONS

## Organisation and Grant details

Name of Organisation:

Address:

Post code:

Name of contact person in group:

Position in group:

Telephone:

Email:

Charity Number/Company Number: (please note your group does not have to be a registered charity or a registered company).

Does your group have a Constitution? (please note your group does not need to be constituted)

## Bank Account Details

If your group does not have a bank account The Billingham Legacy Foundation may pay for items direct to the supplier.

Account Name:

Account Number:

Sort Code:

Name of Bank/Building Society:

How many people are required to sign each cheque?





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## Annual income

What was the income of your group in its last full financial year? (Exclude any income for capital items such as buildings and equipment)

Is this group a new group which has been operating for less than 1 year?

Yes

No

## About your group

Which geographical area does the group operate in?

What are your Group's main activities?

## Grant information

Tell us about the grant you are applying for. Please be as specific as possible

How much do you need? (max £500)



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## Grant information continued

Please give us a breakdown of costs:

Item	Actual cost of item to be purchased for the project.	Amount requested from the Billingham Legacy Foundation towards item.
Total	£	£

If this application is part of a bigger project, subject to applications to other funders, please give details – you should include the names of other funders approached and how much has been requested or received.

Where did you hear about the grant?



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## Grant information continued

Please complete the following three questions as fully as possible. We want to know the benefits, changes or improvement our grant will bring about.

How will this grant help sustain or develop your group and its activities?

How will this grant benefit volunteers or members of your group?



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## Grant information continued

How will this grant benefit the wider community other than members?

How many people are expected to directly benefit from the grant? (i.e. employees, service users)

How many people are expected to indirectly benefit from the grant? (i.e. attendees, members of the public)

## Independent Referee (cannot be a family member or anyone who benefits financially from grant)

Full Name:

Address:

Post code:

Tel:

Mobile:

Email:



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## Conditions of grant

- 1 We will use the grant only for the purpose set out in our application. We will not make any changes to the project or to our expenditure of the grant without the prior approval of The Billingham Legacy Foundation.
- 2 In all publicity generated about our project and, in our Annual Report, we will acknowledge the support received via The Billingham Legacy Foundation. We will also endeavour to repay in part or, if practicable the whole amount through fundraising activity, to support the Billingham Legacy Foundation so that others in the community can continue to benefit from its grant giving support in times of need.
- 3 We will complete the Monitoring Report on how the grant has been spent and include receipts for expenditure.
- 4 We will comply with any relevant legislation that affects the way in which we carry out our activities, e.g. Health and Safety, Protection of Children Act, etc. We will ensure that the planned activity does not discriminate on the grounds of gender, race, religion or sexual orientation.
- 5 We will advise The Billingham Legacy Foundation if we receive funding for this project from another source. We understand that if we receive more funding than is required for the project, we may be required to repay part or our entire grant to The Billingham Legacy Foundation.
- 6 If we anticipate that we will have an unspent balance at the end of the period of grant we will contact The Billingham Legacy Foundation

Do you agree to The Billingham Legacy Foundation holding the information you have supplied in this application on a database for The Billingham Legacy Foundation's sole use. **We will not share this information with a third party, however, we may publicise the grant awards we make.**

Yes  No

## Signatures

**I confirm that all the information contained in the Application Form is true and correct. I agree to comply with the Conditions of Grant. I understand that you may require more information at any stage of the application process and that I will be required to submit an end of grant report**

Name:

Signature:

Date:

**Please forward completed form by post or by email to the address shown below:**

Billingham Legacy Foundation  
 Low Grange Community Centre  
 Low Grange Avenue  
 Billingham  
 TS23 3PF

If you require any assistance with your application, please contact us on 07951 483774 or email us at office.blfsg@gmail.com

**Checklist:**

**Have you completed all the questions on the Application Form?**

**Have you signed the Application Form?**