



Managed by the Community Development Foundation
Funded by the Office of the Third Sector

Log no.:
For CDF use only

**Grassroots Grants programme, 2008 – 2011
SHORT APPLICATION FORM
FOR GRANTS OVER £250 BUT NOT EXCEEDING £900**

1	Name of Organisation			
2	Contact Name: (Person making application)			
	Position:		Tel No:	
	Address:			
	E-mail address:			
3	Details of one other officer (eg: Chair, Secretary or Treasurer)			
	Name:			
	Position:		Tel No:	
	Address:			
4	Is your group constituted?	Yes/No (Delete as applicable)		
5	Date organisation started			

6	Bank Name and Branch:	
	Name in which account held:	
	Account Number:	
	Sort Code:	
6a	Please provide evidence of income over the last 3 years (Please provide supporting documentation with your application.)	
	Year	Dates From--To
	One	
	Two	
	Three	
7	What are the aims of your organisation?	
8	Have you ever received grant funding before? Yes No Please delete as appropriate	
9	Is this for new work, or to continue funding existing work? Please state.	
Have you applied, or are you applying to more than one Local Funder for a Grassroots Grant? Please note that you cannot receive more than £5,000 from Grassroots Grants. If you receive more than £5,000 from one or more Local Funders you will have to return all Grassroots Grants funding over £5,000 to the relevant Local Funder(s).		
10	How many service users do you have?	

11	Please tick the ethnic origin of users who will benefit from your grant. Please tick all boxes that apply			
	Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>	British	<input type="checkbox"/>
	Asian and White	<input type="checkbox"/>	European	<input type="checkbox"/>
	Black African and White	<input type="checkbox"/>	Other White	<input type="checkbox"/>
	Black Caribbean and White	<input type="checkbox"/>	Gypsies and Travellers	<input type="checkbox"/>

12	Please describe the project for which you are seeking a grant.

13	What is the total cost of your project?	£
-----------	--	----------

14	How is this cost broken down?	
	ACTIVITY	£
	TOTAL	£

15	Have you applied for other grants to support this project? (If yes, please name organisation and state amount)	Yes/No £		
16	What difference will the funding make? (eg: what are you hoping to achieve with the funding?)			
18	Signature of chair:		Date:	
19	Print Name:			
<p>When this form has been completed Please return to: -</p> <p> Mick Lloyd/Ella Sips T & W CVS Meeting Point House Southwater Square Town Centre Telford Shropshire TF3 4HS </p> <p> Tel No: 01952 458030 Fax No: 01952 290384 Email: colleenwickstead@tandwcvvs.org.uk </p> <p>PLEASE ENCLOSE:</p> <ul style="list-style-type: none"> • Constitution • Latest Bank Account Statement (for verification of bank account details) • Quotes (if applicable) • Evidence of income 				