**oneRichmond Grant Application Form**

**Please be clear and concise. The application should be no more than 6 pages.**

**1. Organisation Details**

|  |  |
| --- | --- |
| Name of organisation/group: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| Website: |  |
| Main Contact: |  |
| Position in organisation: |  |
| Address for correspondence (if different) |  |

**2. What is the legal status of your organisation?**

Registered Charity ❑ Registered Charity No.

Company Limited by guarantee ❑ Company Number

Voluntary Organisation ❑ Other (please specify)

**3. Briefly state the key activities of your organisation.**

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|  |

**4. Staff & Volunteers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full-time | Part-time | Trustees/Committee Members | Volunteers |
| Numbers: |  |  |  |  |

**Funding Request**

**5. Tell us about your project and details of the proposed work. How will this work help the most disadvantaged young people affected by Covid-19? Please provide details of who will benefit, including age group.**

|  |
| --- |
| **Project Details:**  **How will this work help the most disadvantaged young people affected by Covid-19?**  **Who will benefit, including age group?** |

**6. How do you know there is a need for this work?**

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| --- |
|  |

**7. How many different young people will be supported by this work in the following areas (best estimates)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Hampton/Hampton Hill (TW12): | Hampton Wick/ Twickenham/ Teddington/Whitton | Richmond/Ham & Petersham | Barnes/ Kew /East Sheen |

**8. Please explain why your organisation is best placed to deliver this work.**

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**9. What differences will your project make for the young people? *(*Provide 3 or 4 examples). *If successful, you will be required to report on these differences at the end of the grant and the number of young people supported.***

|  |
| --- |
| **Difference 1:**  **Difference 2:**  **Difference 3:**  **Difference 4:** |

**10. What information will you collect to show the extent to which you have achieved these differences?**

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|  |

**11. BUDGET**

|  |  |
| --- | --- |
| What is the total cost of the project (over 6 months’ maximum) |  |
| How much funding is requested from oneRichmond? |  |
| Please itemise what this will pay for: | £ Cost |
|  |  |
|  |  |
|  |  |

**12. Please complete the following checklist and information and make sure you enclose all relevant documents with your application:**

I have enclosed a copy of our Governing Document ❑

I have enclosed a copy of our latest Accounts & Annual Report ❑

If accounts more than 10 months old, also enclose latest management accounts ❑

I have enclosed a top copy of a recent bank statement, showing account name,   
sort code and account number ❑

Please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name & Address: |  | | |
| Account Name: |  | | |
| Sort Code: |  | Account Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Independent Referee Name: | |  | |
| Profession: | |  | |
| Address: | |  | |
| Email: |  | Telephone Number: |  |

**13. Declaration and Signatures**

I confirm to the best of my knowledge that the information I have provided in this application form and within the enclosed documents is correct. If successful, the grant will be used exclusively for the purpose described. I understand that the organisation must comply with any standard or additional conditions of grant.

I confirm that my organisation unconditionally authorises oneRichmond and the National Lottery Community Fund to publish details of any financial support given, to share information of the work funded with other grant-making bodies and external agencies, and to use the information as part of any press release or publication without the need to obtain further consent or agreement.

|  |  |  |
| --- | --- | --- |
| **Main Contact** (section 1) |  | **Second Signature**  (Senior member of Board of Trustees or Management Committee – **not main contact**) |
| Full Name: |  | Full Name: |
| Job Title: |  | Position with organisation: |
| Signed: |  | Signed: |
| Dated: |  | Dated: |
| Telephone: |  | Telephone: |
| Email: |  | Email: |

Please return the **signed** Application Form and enclosures to: [hello@onerichmond.org.uk](mailto:hello@onerichmond.org.uk)

**Deadline Date: Friday 5 February 2021**