|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. CONTACT DETAILS | | | | |
| * 1. **Registered Name of venture:** | | * 1. **Registered Address** | |
|  | |  | |
| * 1. **Trading Name** (if different) | | * 1. **Trading Address** (if different) | |
|  | |  | |
| **1.5 Contact person details:**  This must be the person who is able to discuss the Grant being applied for | | | | |
| **Name** | **Address** | | | |
|  |  | | | |
| **Email:** | **Phone:** | | **Mobile:** | |
|  |  | |  | |

| 2. ABOUT YOUR ORGANISATION | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1 What type of organisation are you?** Select all that apply and supply registration reference where applicable: | | | | | | | | | | | | | |
| Sole Trader | |  | Private company limited by Guarantee | |  | | Private company limited by Shares (ltd) | | | | | |  |
|  | | |  | | | |  | | | | | | |
| Community Interest Company | |  | Public Limited Company (plc) | |  | | Other  (please specify) | | | | | |  |
|  | | |  | | | |  | | | | | | |
| **2.2 Are you part of a larger regional or national organisation?** | | | | | | | | **YES** |  | **NO** | |  | |
| **2.3 What does your organisation do? (100 words Maximum):** What products/services do you provide?  How does your business plan on the local area?  This could include the mission, range of projects currently delivered and/or day-to-day  Please include details of your history and track record. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.4 Staffing and volunteers?**  How many of each of the following are involved in the organisation? | | | | | | | | | | | | | |
| Full time staff / workers: |  | | | Part time staff / workers: | |  | Volunteers: | | | |  | | |
| Please give details of any local networks or partners are you involved in: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

| 3. ABOUT YOUR PROPOSAL | | |
| --- | --- | --- |
| 3.1 **Project title** | |  |
| **3.2 Project Summary (100 words Maximum):** What activities will you undertake with the funding provided, and where will they take place (specific location required)? | | |
|  | | |
| **3.5 Who are you aiming to benefit from your enterprise?** (100 words Maximum)**:**  Which people or groups in the local SJBL area – please specify age groups involved, ethnic groups, issues addressed, etc.  If the funding is for activities that involve local people, how will you make sure the project is accessible? Please describe what methods you will use to gather information on the demographics of beneficiaries. | | |
|  | | |
| **3.3 What specific problem are you seeking to address?** (100 words Maximum)**:** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.4 What outcomes do you hope to achieve and how can you monitor them?  (100 words Maximum):**  How does this fit with the SJSBL priorities?  How can you monitor that the money has been spent in an impactful way?  This can be qualitative, e.g., positive feedback from beneficiaries/users, or quantitative, e.g., number of people involved/benefitting.  Please also indicate when you can report on the impact of the funding, e.g., 3 months after receiving grant, etc. | | | | |
|  | | | | |
| **3.6 How and when will you deliver the project?** Explain when you will complete your planning, start and finish dates for the project, and other important milestones. Who will be delivering the project?  How you will monitor progress and evaluate ongoing performance? | | | | |
|  | | | | |
| **3.7 How will you publicise the project?** All publicity for the project is required to state that the project is funded by St James Street Big Local and Local Trust. Logos are available from the SJSBL Programme Manager | | | | |
|  | | | | |
| **3.8 Have you already tried out your proposal on a small scale?** If YES please provide details below | **YES** |  | **NO** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. PROJECT BUDGET MAXIMUM GRANT £5,000 | | | | |
| **4.1 How much will your project cost?** | |  | | |
| **4.2 What will you spend this funding on?**  Broken down as far as possible, please consider: Staff costs; Volunteer costs; Operational costs (activities); Capital costs (equipment); Premises costs; Other overheads; Publicity costs. | | |
| Item | | £ Amount |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.3 Will this cover the whole cost of the project?** | **YES** |  | **NO** |  |
| If NO, please explain where the rest of the funding will come from. | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. DECLARATION  * I have the power and authority to accept any funds offered **or** this form is also signed by an additional representative of the organisation who is able to accept the funds. * I understand that if I do not spend the money on the activities specified, nor provide the **SJSBL monitoring report** on the impact and benefits, I will re-pay the award. * I understand that any funding offered may be publicised by St James Street Big Local and Local Trust and will support publicity information requests in a timely manner. * I confirm that the information I have given is true and I have answered all the questions on the form. * I confirm that I will ensure any grant that is awarded will be spent within 12 months of the grant award date unless otherwise specified above and accepted by the SJSBL. | | | | |
| Signature: | Name: | Position: | Date: |
|  |  |  |  |
| **Optional:** Additional signatory, if primary signatory is not able to accept funds on behalf of the organisation | | | |
| Signature: | Name: | Position: | Date: |
|  |  |  |  |