

THE LEN PICK TRUST

5 Granby Court
Hereward Street
Bourne
Lincolnshire PE10 9AD
Tel: (01778) 218090
W: www.lenpicktrust.org.uk

GRANT APPLICATION FORM – for grants of £501 and over

- Please read the information in our pack or on our website carefully before completing this form to ensure that your organisation is eligible and the activities for which you are seeking funding match our objectives and priorities.
- Please ensure that all sections of this application form are fully completed. It should be sent to the Trust Manager at the above address.
- Please ensure that the form is signed by an appropriate officer of the organisation, and that the Monitoring and Evaluation form for your previous grant is enclosed.

Name of Organisation

Address of Organisation

Tel: _____ **Fax No:** _____ **Email:** _____

Purpose of Grant

Amount requested £

***please explain how this grant will fulfil the objectives of the Len Pick Trust using continuation sheets if necessary.**

For LPT use only

Date received:

Budget category

Date acknowledged:

Grant Category

Date to be considered:

Budget allocation

PART A Information about your organisation

1. Name of contact person

..... (Mr/Ms/Mrs/Miss)

2. His/her position in the organisation

.....

3. Address for correspondence (if different from the previous page)

.....

Contact telephone number Fax.....

email

4. What is the legal status of your organisation ? (more than one may apply)

Company Limited by Guarantee (Reg. Co. No.)

Registered Charity (Charity Reg. No

Unregistered Voluntary Organisation

Other. Please describe

5. Is it part of a larger organisation (e.g. national) Yes No

If yes, please tick connection (please note that grants can only be made for the direct benefit of the inhabitants of Bourne).

Financial Management Affiliation

6. Is it a membership organisation? Yes No

If yes

do the members pay set fees ? Yes No

or make voluntary contributions? Yes No

or make no payment Yes No

Please state approx. no. of members 0-50 51-250 251+

7. In what year was the organisation established?

8. Is it managed by a Board of Trustees/equivalent? Yes No

If No, how is your organisation managed?

9. Briefly state the key objectives of your organisation

.....
.....
.....

Staffing

10. Does your organisation have any paid staff? Yes No

If yes, how many are full-time? part-time?

11. Does your organisation have any volunteers? Yes No

Services/Activities

12. Please prioritise your organisation's main services/activities (max 4)

.....
.....
.....
.....

13. Are you planning to introduce any new services/activities for the year in which your grant will be spent?

Yes No

If yes please give details

.....
.....

14. Is any part of your work covered by statutory duties on any government, local authority or other statutory body?

Yes No If yes, please describe:

.....

15. Are any of your services delivered under contract or funding arrangements with Local Authorities or Health Authority?

Yes No If yes please state amount received in current financial year

and describe:

.....

Or other bodies?

Yes No If yes, please state amount received in current financial year

and describe

PART B Who does your organisation help?

16. Please describe the main needs your organisation addresses

a) Need 1

.....

b) Need 2

.....

b) Need 3

.....

17. Who has these needs? Please describe the type of person or group you expect to benefit from your organisation's work (please include age range if possible).

.....

.....

.....

18. How many people do you expect to help in the year in which you will spend your grant?

PART C Financial information

Please state your organisation's current financial year: month....year..... to month.....year.....

19. Your organisation's income. Please complete the grid below

Source of voluntary funding (please name where applicable)	Previous Financial year	Current Financial Year Funding			
	Amount £	Amount requested/to be requested £	Amount agreed/promised £	If not yet agreed a) date requested/to be requested and b) date agreement expected	Describe specific purpose (Restricted Fund), if any
Local / Health Authorities					
Len Pick Trust					
Other trusts					
1.					
2.					
3.					
4.					
Donations (e.g. Gift Aid) or legacies					
Fund-raising events					
Lottery funding					
Other sources					

20. Are there any material Gifts in Kind (e.g. premises or equipment) receivable in the current

financial year? Yes No If yes please describe

.....

21. Does your organisation offer concessions? Yes No

If yes, which groups benefit from these?

.....

22. What reserves (excluding fixed assets) did your organisation hold at the beginning of the current financial year ?

Restricted funds £..... Unrestricted funds £.....

How many months expenditure did this represent?

23. Is there other information, which the trustees should know about your reserve position?

.....

.....

PART D Your Grant request

24. What will be your organisation's total expenditure in the financial year in which your grant will be spent?

Capital: Equipment £..... Buildings £.....

Revenue: Salaries £..... Other £.....

Total expenditure: £.....

25. What funding does your organisation require from LPT £.....

26. What percentage of your total funding does this represent?

27. When will the grant be required ?

28. In which financial year (s) will you spend the grant?

month.....year..... to month..... year.....

29. If the grant were to be paid in instalments, would this cause any difficulty?

Yes No

If yes, please explain

CHECKLIST

Please ensure that you have:

- answered all the questions and signed the declaration
- enclosed copies of the documents we require

Please tick documents enclosed with this application:

Monitoring and Evaluation form (if applicable)

Most recent audited accounts

Your organisation's budget or management accounts for previous financial year if audited accounts are not yet available

Your organisation's budget for the current Financial year (please indicate any major variances)

Your organisation's budget for the financial year in which the grant will be spent (if different from above)

Project budget (if applicable)

Annual Report

Please state to whom the cheque should be made payable

.....

and the address to which it should be sent

.....

DECLARATION

When you have completed the application please sign this declaration

I

am an authorised representative of:.....

To the best of my knowledge the information I have provided on this application form is correct. If LPT agrees to make a grant this will be used exclusively for the purposes described.

Signed..... Date.....

Position in organisation

THE LEN PICK TRUST

MONITORING AND EVALUATION FORM

(To be completed by all organisations in receipt of a grant from LPT)

Name of organisation

Name of person completing form

Position in organisation

Your previous grant from LPT was £ _____ Date agreed: _____

Purpose of grant (as described in your previous application)

1. Please demonstrate how this grant was spent, giving if possible a breakdown of any specific use of the grant. This information may be supplied as a separate budget or identified through your accounts.

2. Did any of the following occur in the past 12 months? (please tick)

Increased membership

Improved service delivery

Wider public awareness

Increased user involvement

Additional services

Increased volume of work

3. Has your organisation encountered any unexpected issues during the past 12 months?

Yes

No

If yes please describe

4. Have you collected any monitoring statistics during the period of the grant?

Yes

No

5. If yes, please describe method and outcomes (If you have a separate report of your own evaluation please attach)

6. Will your organisation make any changes as a result of your evaluation?

7. What other evidence do you have that your organisation met the needs that were described in your original application?

8. How have you ensured that quality standards are maintained?

9. Do you wish to add anything about the use of the grant that you would like to bring to the attention of Trustees?