

## 1. Application Summary

Name of organisation:	
Project Title:	
Amount Requested:	£
Project Overview: <i>(A short summary - you can explain in more detail later)</i>  <i>320 characters maximum</i>	

## 2. Basic Details

Your Name:	
Position in organisation:	
Correspondence address:	
Telephone number:	
Email address:	

## 3. About your project

How many people do you expect to benefit from your project?:	
Approx. how many of these will be residents of Bourne?:	



## 4. About your organisation

Briefly explain what your organisation does, how it helps, and what your objectives are?  
(Talk generally about your organisation, and not specifically to this project)

What is the legal status of your organisation? (More than one might apply)	Company limited by guarantee (Company Nr. _____) Registered Charity (Charity Nr. _____) Unregistered voluntary organisation Other ( _____)		
Are you part of a larger organisation, such as a national organisation? If yes, please tick connection  (Grants can only be made for the direct benefit of the inhabitants of Bourne)	<div> <div>YES</div> <div>NO</div> </div> <div>Financial</div> <div>Management</div> <div>Affiliation</div>		
Would you describe yourself as a membership organisation?	<div>YES</div> <div>NO</div>		
Do members pay set fees?	YES	NO	N/A
Do members make voluntary contributions?	YES	NO	N/A
Do members make no payment?	YES	NO	N/A

Please state approx. number of members <i>(leave blank if N/A)</i>	
In what year was your organisation established?	
How is your organisation managed?	Board of trustees or equivalent Committee Other (_____)
Does your organisation have any paid staff?	YES NO
Does your organisation have any volunteers?	YES NO
Is any part of your work covered by statutory duties?  <i>(This could be a duty on any Government, local authority or other statutory body)</i>	YES NO If yes, please explain:
Are any of your services delivered under contractual or funding arrangements?  <i>(For example, a contract with a local authority or health authority)</i>	YES NO If yes, please explain:
Does your organisation have any responsibilities outside of the Bourne area?	YES NO If yes, please explain geographical spread:
Do you have any other initiatives planned or underway this year, in addition to those with which your grant relates?	YES NO If yes, please give details:

Which month does your financial year end in?	
Are your accounts audited?	<div>YES      NO</div> <i>Please submit a copy of your latest accounts when returning this form</i>
Are your submitted accounts more than 9 months old? If so, please advise your current bank balance	Our accounts are less than 9 month old Our accounts are older than 9 months and our current bank balance is £_____
In the current financial year, have you received funding from the Len Pick Trust or any other trust?	No Yes, LPT grant in (year)_____ Yes, grant from _____ received in (year) _____ for £_____
In previous financial years, have you received funding from the Len Pick Trust or any other trust?	No, we've never had a grant before Yes, LPT grant in (year)_____ Yes, grant from _____ received in (year) _____ for £_____
What restricted funds did you have at the start of the current financial year?	£
What unrestricted funds did you have at the start of the current financial year?	£
What is your typical monthly expenditure  <i>(You may express this as an absolute amount or a range)</i>	£
Does your organisation have any significant involvement or work with Children or Vulnerable Adults?	<div>YES      NO</div> If yes, please confirm that you have appropriate safeguarding policies in place:  <div>YES      NO      N/A</div>
Is this anything else you would like Trustees to know about your financial position?  <i>(Include any information you feel might be relevant)</i>	

## 5. Bank Account Details

Please provide your organisation's bank account details, so that we can make payment if your grant application is approved.

Account Number:			
Sort Code:		Account Name:	

## 6. Declaration

When you have completed your 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 the Len Pick Trust agrees to make a grant this will be used exclusively for the purposes described.

(Tick) If our grant application is approved, I consent to The Len Pick Trust using our project in marketing activities, including on social media channels.

Signature: (Typed name is acceptable)	_____
Date:	
Position in organisation:	

## 7. Submitting your application

Please tick the documentation you are submitting with this application:

Most recent 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

Your organisation's budget for the year in which the grant will be spent (if applicable)

Project budget (if applicable)

Annual report

Other (Please state \_\_\_\_\_ )

Thank you for completing this grant application form. Please now save this form and email to [enquiries@lenpicktrust.org.uk](mailto:enquiries@lenpicktrust.org.uk) - you can also do this by clicking the button below.