

**Acis Community Cohesion
Sustainable Communities Funding
APPLICATION FORM**



Reg. charity no: _____

(or Inland Revenue Tax Exemption reference number/Registry of Friendly Societies number)

Date established: _____

Name of charity: _____

Contact address: _____

Postcode: _____

Name of contact: _____

Title: _____ (Mr/Mrs/Ms/Miss/Other)

Position: _____

Daytime telephone number: _____

Mobile number: _____

E-Mail address: _____

Website address: _____

Acis will retain the contact details provided solely for the purpose of processing the funding application, and any funding, which may subsequently be agreed.

1. Background to charity/community organisation

a) What is your charity/organisation set up to do?

b) Where do you work? (geographical area)

c) What is the structure of your organisation, including number of trustees/management committee members, management team, other employees and volunteers?

Trustees/Management _____ Committee Members _____

Part-time staff _____ Full-time staff _____

Volunteers _____

5. **What will this fund?** (Provide a breakdown of how you intend to spend the grant – continue on a separate page if necessary)

6. **What is the overall cost of the project or service for which funding is sought?**

If this is part of a larger project/service: £ _____

. **Please provide a breakdown of the total cost.**

. **How much have you already raised towards this project or service?**

Indicate how much you have raised so far towards the total needed and from what sources.

. **What is the balance needed?**

Indicate how you are intending to raise the remaining balance and from what sources. If known, indicate when funding decisions will be made.

Funder

Decision date

Amount £

Total £

10. **When are you planning to start work?**

11. **How will you track your progress (i.e. monitor) towards what you have set out to achieve?**

12. **How will you know you have achieved (i.e. evaluate) what you set out to do?**

13. **Further information:**

Please list any relevant additional documentation, which is available. We will only request further information if we need it.

14. **Acis Group's policy** is to support all sections of the community. The following information will help us to have a better understanding of the organisations we are funding and the people we are helping, which will in turn inform our future community funding.

a) Do you have an equal opportunities policy: Yes No

b) If so, how is it implemented?

c) Please provide an estimate of your service users using the following categories: (Please provide an approximate percentage breakdown **to the nearest %** and ensure it adds up to 100%)

White

British

Irish

Any other white background

Mixed

White and black Caribbean	_____
White and black African	_____
White and Asian	_____
Any other mixed background	_____

Asian or Asian British

Indian	_____
Pakistani	_____
Bangladeshi	_____
Any other Asian background	_____

Black or black British

Black Caribbean	_____
Black African	_____
Any other black background	_____

Chinese or Chinese British

Other ethnic or cultural group

(Please specify) _____

Total 100%

Male	_____
Female	_____

Disabled	_____
Non-disabled	_____

Total 100%

Total 100%

e) Please provide an estimate age group of your service users (give a percentage breakdown)

Pre-school	(0 - 5)	_____
School age	(5 - 16)	_____
Young people	(1 - 24)	_____
Adult	(25 - 60)	_____
Older people	(60+)	_____
Total		100%

15. Accounts: Ensure that you have enclosed a copy of your most recent annual report and accounts (or draft accounts). These should be signed as approved on behalf of the organisation's Management Committee or equivalent. Indicate here which financial year they relate to and please attach details of any significant changes in the financial position in the current year.

Date _____ Month _____ Year _____

16. **Please give details of the charity/organisation bank account** in which you would like to pay any funding which might be approved. Please enclose a copy of a recent bank statement for this account so that we can verify these details.

Bank name _____ **Sort code:** _____ / _____ / _____

Bank address _____

Name of charity account: _____

Account number: _____

1 . Please complete the following check list and tick to confirm

- You have included a contact name, address and telephone number _____
- You have included your registered charity number _____
- You have enclosed your most recent Annual Report and Accounts _____
- You have completed your charity's bank details _____
- You have enclosed a copy of your most recent bank statement (in order to verify the account details provided) _____
- If applying for a salaried post, you have included a job description _____

We require all applications to be signed by two representatives of the organisations. One of the signatories must be a trustee or a representative of senior management and should not be the same person as the named contact.

Signed _____ **Name** _____

Position _____ **Date** _____

Signed _____ **Name** _____

Position _____ **Date** _____

Please return this form to Rachel Wood Community Cohesion Manager.
Acis Group Acis House, Bridge Street, Gainsborough. DN21 1GG
rachel.wood@acisgroup.co.uk