**APPLICATION FORM**

Reference number:

(Staff use only)

Croydon Commitment Grassroots Awards 2019 in partnership with Croydon Voluntary Action

**A ABOUT YOUR ORGANISATION**



**1 Organisation details**

Name of organisation:

|  |
| --- |
|  |

Registered Charity Number (if applicable):

|  |
| --- |
|  |

Address and postcode:

|  |
| --- |
|  |

Please list the names of your organisation’s trustees/board members:

|  |
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|  |

**2 Main contact**

Name of main contact:

|  |
| --- |
|  |

Position held in organisation:

|  |
| --- |
|  |

Contact address and postcode (if different from above for correspondence):

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| --- |
|  |

Telephone:

|  |
| --- |
|  |

Mobile:

|  |
| --- |
|  |

Email address:

|  |
| --- |
|  |

**3 Additional details**

Have you previously been a recipient of a Croydon Commitment Grassroots Award? (Circle as appropriate)

|  |  |
| --- | --- |
| YES | NO |

Have you spoken with a member of Croydon Commitment or Croydon Voluntary Action about your application? (Circle as appropriate)

|  |  |
| --- | --- |
| YES | NO |

Briefly describe the main aims and objectives of your organisation: [300 words maximum]

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| --- |
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**B ABOUT YOUR PROJECT**



**1 Project details**

What is the name of your project?

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| --- |
|  |

Which strategic pillar(s) does your project address? (Education, Employment, Environment, Social Inclusion and/or Health and Wellbeing)

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| --- |
|  |

What is the time frame of your project? (Start date, duration)

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| --- |
|  |

**2 Social impact**

How did you identify the need for this project? (Who will the beneficiaries be? Why are their needs currently unmet? Include any evidence e.g. statistics, reports etc.) [300 words maximum]

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| --- |
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How will your project address this need? (What will your project entail? How will it fulfil the needs of the beneficiaries?) [300 words maximum]

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| --- |
|  |

What do you expect the outcome of your project will be? [300 words maximum]

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| --- |
|  |

Please list the three main numerical outputs of your programme (e.g. the number of people benefitting from the project):

|  |
| --- |
| 1: |
| 2: |
| 3: |

How will you measure and monitor the impact of your project and these outputs? [300 words maximum]

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|  |

**C FINANCE**



**1 Funding request**

Amount requested:

|  |
| --- |
|  |

**2 Breakdown of costs**

|  |  |  |
| --- | --- | --- |
| **Type of cost** | **Description of cost** | **Total cost £ (incl. VAT)** |
| Staff and volunteer costs e.g. salaries |  |  |
| Direct operational or activity costs e.g. equipment or venue hire, food/refreshments, childcare |  |  |
| Office, overhead, premises costs e.g. rent, postage, telephone/fax, heating/lighting/water |  |  |
| Capital costs e.g. camera, camping equipment |  |  |
| Publicity costs e.g. designing and printing publicity material |  |  |
| Other costs (please specify) |  |  |
| **Total** |  |  |

**3 In-kind support**

If the complete amount of relevant funding is not available for your project, please indicate if any element of your application could be provided through in-kind donations. Please list any type of support your organisation would find useful (e.g. volunteers, donation of computers, printing services etc.):

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| --- |
|  |

**4 Workshops**

If you are successful with your application, we will be working with our business partners to run a series of workshops with our chosen charities. Please indicate your interest in the following workshops:

|  |  |
| --- | --- |
| **Workshops** | **Tick as appropriate** |
| Marketing |  |
| Social Media |  |
| Finance |  |
| Insurance |  |
| HR |  |
| Other (please specify) |  |

**D DECLARATION**

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I confirm that, to the best of my knowledge and belief, the information in this application form is true and correct. The organisation agrees to abide by the terms and conditions of the grant as they are set out in this application form and in the accompanying guidance, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund.

My signature confirms the organisation’s acceptance of these conditions:

**Signature**

|  |
| --- |
|  |

**Role in Organisation**

|  |
| --- |
|  |

**Date**

|  |
| --- |
|  |

**Please email your completed form to** [**info@croydoncommitment.org.uk**](mailto:info@croydoncommitment.org.uk) **or post to Mott MacDonald, 8-10 Sydenham Road, Croydon, CR0 2EE.**