HPOC Resilience Funding Application Form

**1. Name of Organisation/Group**

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**2. Address**

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|  |

Street Address

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|  |

Street Address Line 2

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| --- |
|  |

City/Town/Village

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| --- |
|  |

Postcode

|  |
| --- |
|  |

Website/social media

**3. Details of contact person**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Title Name Position

**4. Main contact number**

|  |
| --- |
|  |

**5. Email**

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|  |

**6. Do you have any communication needs (e.g. BSL, large print)**

|  |
| --- |
|  |

**7. Please select your organisational structure**

[ ]  Registered Charity

[ ]  Unincorporated club or association

[ ]  Community Interest Company

[ ]  Charitable Incorporated Organisation

[ ]  Company Limited by Guarantee

[ ]  Other please specify

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**8. Please provide registered number(s) (charity / company etc)**

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**9. Please briefly tell us the aims of your organisation and what you do (up to 300 words)**

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**10. Where does your organization work? (region, local authority, city, village, ward?)**

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|  |

**11. Please tell us the number of:**

|  |  |
| --- | --- |
| Trustees / directors / committee / governing body members  |  |
| Full-time and part-time equivalent staff |  |
| Volunteers (excluding those listed above) |  |

**12. Please describe the project, service or activity you are asking us to fund (up to 300 words)**

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**13. Why is this project, service or activity needed for your organization? (up to 300 words)**

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|   |

**14. When do you expect the project, service or activity we are funding to start?**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Day Month Year

**15. When do you expect the project, service or activity we are funding to end?**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Day Month Year

**16. About Money – please tell us what your project, service or activity will cost**

|  |  |
| --- | --- |
| Total project/service/activity cost |  |
| How much are you asking for? |  |

**17. If you are asking for less than the total project/service/activity cost, please tell us where the rest of the funding is coming from and when you hope that it will be secured**

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|   |

**18. Budget for project/service/activity**

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| --- | --- | --- |
| Item | Amount | Description |
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**19. Please tell us what you think your income will be for the current financial year**

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**20. Please tell us what you think you will spend in the current financial year**

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**21. Is there anything else you want to tell us about your finances going forward?**

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|  |

**22. Amount of current unrestricted/free reserves**

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|  |

**23. Does your organisation have a bank account**

 [ ]  Yes

 [ ]  No (please describe below who will hold the funds you have requested)

**24. If your organisation does not have a bank account, please explain who will hold the funds you are requesting**

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**25. Name of bank account**

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**26. Name of bank/building society**

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**27. Bank account number**

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|  |

**28. Bank sort code**

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| --- |
|  |

**Please submit these supporting documents with your completed application form:**

1. **Most recent, audited or authorised statement of accounts**
2. **A copy of a recent bank statement**
3. **If you wish, include any photos or additional information which you feel show the work you do**

**Please save your completed application form with your organisation’s name in the title and return by email to** **grants@wellspringstogether.org.uk**