

**WEST KENT EXTRA
LINDA HOGAN COMMUNITY FUND
GRANT APPLICATION FORM 2010**

(Please refer to the grant application 'help with questions' pages and the guidance notes)

1. Name of your organisation

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2. Name of your project (if different from above)

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3. Your contact details

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|--|--|
| Contact name and position in your organisation/group | |
| Address (with postcode) | |
| Phone and Fax | |
| Email / Web address | |

4. Summary of the purpose of your grant

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5. Which of our aims does your application match (please tick box)

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|--|--|
| Debt prevention, money management advice, reduction of poverty | |
| Opportunity for and/or support of volunteers and volunteering | |
| Activities/services for older people | |
| Activities/services for young people and children | |
| Activities that promote community engagement and cohesion | |

6. How much money do you need?

| | |
|---|---|
| Total cost of the project you are asking West Kent Extra to support | £ |
| Amount you are requesting from West Kent Extra | £ |
| How much have you raised so far | £ |

7. Please give us a breakdown of how the grant would be spent

| ITEM/ACTIVITY | AMOUNT £ |
|---------------|----------|
| | |
| | |
| | |
| | |
| | |

Total amount requested £

If this is not the total cost of your project:

| | |
|------------------------------------|--|
| Who else will be giving you money? | |
| What is that for? | |

8. Who should cheques be made payable to?

9. Tell us about your organisation

| | |
|---|--|
| Are you a registered charity (if not what are you)? | |
| How long have you been established? | |
| How are you managed ? | |

10. Who is involved in running your activity?

| | | |
|----------------------------------|------------|------------|
| How many paid staff do you have? | Full time: | Part time: |
| How many volunteers? | Full time: | Part time: |

11. Location

| | |
|---|--|
| Where is your project based? | |
| In what areas do your beneficiaries live? | |

12. About your project, please tick the box next to the description that best matches your group

| | |
|---|--|
| A new group doing a new project | |
| An existing group expanding services and activities | |
| Existing group and/or project reaching new people | |

22. How will this project make a difference:

| | |
|--------------------------------|--|
| To the people that take part | |
| To the area or local community | |

23. What is the total annual income and expenditure of your organisation (please enclose a copy of your most recent annual accounts if available) Please state below which period this covers.

| | |
|---------------|--|
| Accounts from | |
| Accounts to | |

Total Income Total Expenditure

What reserves (surplus funds) does your organisation hold?

| | |
|--------------|--|
| Restricted | |
| Unrestricted | |

What other funding applications have you made?

| Organisation | Request/Amount Made | Amount Received |
|--------------|---------------------|-----------------|
| | | |
| | | |
| | | |

24. Declaration of Interest

Please tell us if you have any relationship, association or interests with any staff, projects or businesses connected to West Kent.

25. Your signature, this must be the signature of the main contact in question 3.

I confirm to the best of my knowledge and belief, that the information in this application form is true and correct. I understand that you may ask for additional information at any stage of the application process. I agree that, if appropriate, I will provide photographs of my project.

Signed Date

26. EQUAL OPPORTUNITIES STATEMENT

_____ (Name of organisation)

Recognises that everyone has a contribution to make to our society and a right to equal treatment. We aim to ensure that no organisation or individual involved with our organisation will be discriminated against by our organisation on the grounds of:

- ❖ Race, colour, nationality or ethnicity
- ❖ Sex, marital status or caring responsibility
- ❖ Sexuality
- ❖ Age
- ❖ Physical, sensory or mental health disability
- ❖ Political belief or religion
- ❖ Class
- ❖ Health status
- ❖ Employment status

Please note that if you have an Equal Opportunities Policy you may prefer to enclose a copy instead of signing the Equal opportunities Statement.

I confirm that my organisation is committed to equal opportunities

| | |
|---|--|
| Signed (on behalf of the organisation) | |
| Designation: | |

27. INDEPENDENT SUPPORTING STATEMENT

| | |
|------------------------|--|
| Name | |
| Occupation | |
| Contact address | |

| | |
|------------------|--|
| Telephone | |
| Email | |

| |
|-----------------------------------|
| How do you know this group |
|-----------------------------------|

I have read this application and support the request for funding. I am willing to be contacted to discuss this application further. I am also willing to comment on the grant at a later date, if the application is successful and to provide a written report if required.

Signature

Date

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Please return this form to;

**Linda Hogan Community Fund
101 London Road, Sevenoaks, Kent
TN13 1AX
Tel: 01732 749420**

This document is available in large print