**Grassroots Grants**

**SHORT Application form**

**for grants UP TO £1000**

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| **1** | **Name of Organisation:** |
| **2** | **Contact Name:**(Person making application) | **Tel No:** |
|  | **Address:** |
|  | **E-mail address:**  |
|  | **Position in the Organisation:** |
| **3** | **Is your Organisation constituted?** | **Yes/No** (Delete as applicable) |
| **4** | **Does the Organisation have a bank account with 2 or more unrelated signatories?** | **Yes/No** (Delete as applicable) |
| **5** | **What was the Organisation’s income last financial year? (Please note it must be lower than £20,000)\*** | **£**  |
| **6** | **Please describe the project for which you are seeking a grant. (*Tell us what you are seeking funding for, what it will achieve and what difference it will make.)*** |

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| **7** | **What is the total cost of your project?** | **£** |
| **8** | **How is this cost broken down?**

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| **ACTIVITY/ITEM** | **£** |
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| **TOTAL** | **£** |

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| **9** | **How much grant do you want from Grassroots?** | **£** |
| **10** | **Have you applied for other grants to support this project?****If yes, please name organisation and state amount.** | **Yes/No****£** |
| **11** | **Signature 1** | **Print Name** | **Role** | **Date** |
|  | **Signature 2** | **Print Name** | **Role** | **Date** |
| **When this form has been completed please return to:** **Debbie Gibbon Tel 01952 262066****Telford & Wrekin CVS email** **debbie.gibbon@tandwcvs.org.uk****Suites 12 and 15**Application. no.:Date received:**Hazledine House****Central Square****Telford** **TF34JL****\*NOTE: If successful we will ask for evidence of this.** |