**Grassroots Grants**

**SHORT Application form**

**for grants UP TO £1000**

|  |  |  |  |
| --- | --- | --- | --- |
| **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?**   |  |  | | --- | --- | | **ACTIVITY/ITEM** | **£** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **TOTAL** | **£** | | | | |
| **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**](mailto:debbie.gibbon@carerscontact.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.** | | | | |