Better Community Business Network
Grant Application Form 2025

Please ensure that you have completed the **eligibility quiz**, prior to competing this application. Please **read and understood the application terms and criteria** before completing the following application. Please complete this form electronically and submit it by email as a word format to grants@bcbn.org.uk

Section 1 Contact Details

Name of organisation/ project

Address

Postcode

Full name

(Contact details of the person responsible for the application)

Position in organisation/ group

Email address

Telephone (daytime)

Section 2 - About your Organisation/ Project
Nature of Organisation

In what year was it founded?

Are you a profit-making organisation? Yes ☐ No ☐

Are you a registered charity? Yes ☐ No ☐

If yes, please provide registered number

Number of Employees (full time and voluntary)

What is its annual revenue for the latest financial year?

Website URL*

Social Media accounts:

Facebook page

Twitter handle

Other

If you do not have a website you may include a link to a blog page or any online/ published resources/ material regarding your organisation, community group or project.

Section 3 - About your project

Project title

In your own words, please describe the activities you/ your organisation/ group undertake

Please provide a summary of what you require funding for.
What are you planning to do? Please be as specific as possible. (this should be in 70 words)

What category does your project fall into?
Select the categories that the funding applies to
Please double click on the box that applies to you and select 'checked' as default value

☐ Children/ Education	☐ Prisoners/ Ex-offenders
☐ Arts & Culture	☐ Disability
☐ Environment	☐ Elderly
☐ Health	☐ Social Cohesion/ Community
☐ Homeless/Poverty	☐ Sport & Recreation

If "Other": please specify

In which UK City is your project taking place?

Project start date

Project end date

Why is there a need for this project? Who will it benefit? Will it benefit the local community?

Please describe in detail how the funds will be used

Project Financial Details

Are you registered for VAT?   Yes ☐   No ☐

Are you able to claim back your VAT   Yes ☐   No ☐

Project Costs

What will the grant awarded be spent on? Place the value of VAT in the VAT column alongside those items you are NOT able to reclaim VAT against

Item	Net £	VAT £	Units	Total*
Totals				

Total* Net + VAT:

Please ensure that the grant you are applying for does not exceed £3000. Applications above this amount will be rejected.

Evaluation

How will your organisation evaluate and monitor the project?

This is important as once the funds are donated, we will revert within a timeframe to ensure there has been impact from the benefit of the funds. We will need to show how the funds have made an impact within your project specifics.

Output and Outcomes

How do you measure and define success? What quantitative and qualitative data will you use to show how successful the project has been for your reporting?

What would be your PR/media campaign for the grant? How will you advertise and promote the project and the funds received?

Section 4 - Bank Details

How does the name of your organisation appear on your bank account? (Please write in full)

Name of bank/ building society

Address/ Postcode

Account Number

Sort Code

Section 5 - Past Funding in General

Has your organisation received previous grant funding in the last 3 years (from other grant-funders)?

Yes ☐   No ☐

If the name of the organisation has changed since your last financial award, please enter the previous name here

How is your organisation funded generally?

What was the date of your last financial award?

What was the value of your last financial award?

£

Is the project complete?   Yes ☐   No ☐

If Yes: Have you submitted all claims/ monitoring forms?   Yes ☐   No ☐

Section 6 - Independent reference details
To be completed for all applications of £1000

Please give the name of someone* who can provide an independent reference on behalf of you/ your group

Job title/ occupation of referee

Referee daytime telephone number

Referee email address

Relationship to the group (if any)
* Your reference must be from a person who has a professional standing. It is important that the referee is not formally connected to your organisation, nor a representative of an organisation to which your organisation has a formal and/or commercial relationship. Please see FAQ for further information.

Section 7 - Terms and Conditions

☐ Please read the terms and conditions before submitting your grant application. Please tick to indicate you have done so.

Section 8 - Applicants Declaration

This declaration must be signed* by the primary contact AND one other authorised member of your organisation. These two signatories should not be related. **please just print name in full. You may use an electronic signature if you have one:*

Primary Contact

Full Name

Electronic Signature

Position in organisation

Date

Authorised Member

Full Name

Electronic Signature

Position in organisation

Date

Add here any additional information you would like us to know, or list any supplementary documents you have provided

What Happens Next?