

Better Community Business Network **Application Form 2017**

Please ensure that you have **read and understood the application terms and criteria** before completing the following application. Please complete the application in lower case. Your application should be submitted in both Microsoft Word and PDF, please ensure both documents are identical and complete before submitting.

**Section 1 - Contact Details**

Name of organisation/ project

Address

(this address could be your organisations offices or meeting house)

Post Code

Full name

(contact details of the person responsible for the application)

Position in organisation/ group

Email

Telephone (daytime)

**Section 2 - About your Organisation/ Project**

Nature of Organisation

In what year was the organisation/ group 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)

Please state your annual revenue for the latest financial year

Website URL\*

Social Media accounts:

Facebook

Twitter

Others

*\*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.*

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

**Section 3 - About your project**

Project Details

What category does your project fall into?

*Please tick* ***one*** *category most applicable for this funding*

Children/ Education

Arts & Culture

Environment

Health

Homeless/Poverty

Prisoners/ Ex-offenders

Disability

Elderly

Social Cohesion/ Community

Sport & Recreation

If "Other": please specify

In which UK City is your project taking place?

When will the project start?

And when will it finish?

What are you planning to do?

Why do you need this project?

Why do you need this project?

How will you use the funding?

*Please continue on a separate sheet available at the end of this application if necessary*

How will your project benefit your local community?

*Please continue on a separate sheet available at the end of the application if necessary*

Why is BCBN key to your funding?

*Please continue on a separate sheet available at the end of this application if necessary*

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

|  |  |  |  |
| --- | --- | --- | --- |
| Please list & price each item included in your TOTAL Project cost | Net £ | Units | Total\* |
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| 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?

Output and Outcomes

How do you measure and define success?

What would be your media campaign for the grant?

**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? Yes No

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

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)

**Section 7 - Applicants Declaration**

This declaration must be signed (if producing this in print), or name printed (if sending electronically), by the named contact and one other authorised member of your organisation. These authorised signatories should not be related.

Name of primary contact

Date

Position in organisation

Authorised member)

Date

Position in organisation

Terms and Conditions

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

What Happens Next?

Before you send off the form, you should:

* Check that you have answered every question in the application.
* Make sure the application form has been authorised by two authorised people in your organisation.
* Attach relevant supporting documents if referenced in the application.
* Take a copy of your completed application form and documentation, and keep in a safe place for future reference.

**Please submit your application electronically to grants@bcbn.org.uk**

*If you have not heard from BCBN after the award date mention for the relevant quarter assessment then your application has been unsuccessful this time.*

Any additional information you would like us to know.