

GRANT APPLICATION FORM

NORTHBROOK COMMUNITY TRUST

REGISTERED CHARITY NUMBER: 228740

NAME OF YOUR ORGANISATION

……………………………….………………………

…………………………………...……………………

…………………………………..……………………..

DATE OF APPLICATION …………………………….

Please fill in and return to

CLERK TO THE TRUSTEES:

Mrs Marion Trotter

PO Box 104,

Sidmouth,

Devon EX10 1DQ

Tel: 07552 992139

northbrookcommunitytrust@gmail.com

[www.northbrookcommunitytrust.co.uk](http://www.northbrookcommunitytrust.co.uk)

BEFORE YOU START YOUR APPLICATION PLEASE READ THE FOLLOWING:

The Objectives of the Northbrook Community Trust are to apply the income of the Charity in one or more of the following ways: -

1 (a) in providing benefits for which provision is not available from public funds;

 (b) in promoting the education and training of any child or young person presently or formerly in the care, or under the control of, Devon County Council;

2 If the income of the Charity is not required for the above purposes the Trustees will apply the income as follows:

In the provision of the education and training, including support and accommodation, for:

1. any child or young person who is or who has at any time been
2. in the care of Devon County Council
3. provided with accommodation by Devon County Council
4. under the supervision of Devon County Council;
5. any child or young person in Devon in need within the meaning of Section 17 (10)(a) and (b) of the Children Act 1989
6. any charitable or voluntary organisation which is engaged in the provision of education, training or support to those young persons mentioned in 2(a) or 2(b) above.

With the above criteria in mind, please answer all the questions below.

If you cannot answer YES to ALL of these four questions then we regret that the Northbrook Community Trust will be unable to help you.

|  |  |
| --- | --- |
| ♦ Are the children or young persons you intend to help all under the age of 25?  | Yes/No  |
| ♦ Are they all Devon residents?  | Yes/No  |
| ♦ Are they ‘in need’ as defined by the Children Act?  | Yes/No  |
| ♦ Is your project Devon based?  | Yes/No  |

Q1. YOU AND YOUR PROJECT

The applicant named below should be the person the Trustees may contact to discuss the application in more detail.

NAME OF ORGANISATION:

………………………………………………………………….......................

ADDRESS: …………………………………………………………………...

………………………………………………………………….......................

………………………………………………………………….......................

POST CODE: ……………………………………...........................................

LANDLINE🕾: ………………………………………………………………

WEBSITE: WWW……………………………………………….......……….

APPLICANT DETAILS:

FULL NAME & TITLE:

………………………………………………………………….......................

ADDRESS FOR CORRESPONDENCE

………………………………………………………………….. ...................

…………………………………………………………………......................

POST CODE: ……………………………………..........................................

POST HELD IN ORGANISATION:

………………………………………………………………….........................

LANDLINE DAYTIME🕾: ………………………………………………......

LANDLINE EVENING🕾:……………………………………………..…….

MOBILE🕾: …………………………………………………………………..

E MAIL: …………………………………………………………………........

Q2. THE CHILDREN AND YOUNG PEOPLE WHO WILL BENEFIT:

Tell us about the needs of the children and young people who will benefit from the grant. Please be specific – statistics about the area are not sufficient. Please use a continuation sheet if necessary but we would prefer that you limit your comments to 200 words.

How many children will benefit? How old are they?

Q3. YOUR PROJECT

What difference do you want to make to these children and young people’s lives? (No more than 200 words.)

What is your project going to do to achieve this difference? (no more than 200 words.)

Why do you think this particular project is the best way of achieving these changes? (Try to show in no more than 200 words that you have assessed the need, consulted where necessary and obtained all the necessary evidence.)

How will you assess the success of the project? In other words what signs will you look for in the children and young people or in their lives to tell you that your project is making a difference? What evidence will you collect? (no more than 200 words)

If your project already exists please tell us the principal source(s) of funding.

Q4. YOUR ORGANISATION

Briefly describe what your organisation does.

Tell us about your Management Committee/Trustees. Names and addresses please (this information will only be used for the purposes of your grant application).

What type of organisation are you (e.g. registered charity)?

Area of operation

When was your organisation formed?

Approximately how many volunteers help your organisation?

How many staff does your organisation employ (specify full-time and part-time)

Q5. FINANCIAL INFORMATION

What was your organisation’s total income in the last financial year?

What was your organisation’s total expenditure in the last financial year?

Please provide your budget for this project.

Amount requested:

Have you made application for funding to any other foundation/organisation and, if so, how much was requested and what was the result?

Q6. HOW DID YOU HEAR ABOUT US?

* Our website ( )
* Devon County Council ( )
* Word of Mouth ( )
* Other please specify:

Q7. CHECKLIST AND SIGNATURE

Your application is not ready to be sent to us until you can tick all the sections below:

(A) I have fully answered all the questions ( )

(B) I enclose a copy of our constitution/governing document ( )

(C) I enclose a list of the names and addresses of our Management Committee/Trustees ( )

(D) I enclose a copy of our most recent accounts/financial information ( )

(E) I enclose a copy of our child protection policy ( )

(F) I enclose a copy of our safeguarding policy ( )

(G) I enclose a copy of our health & safety policy ( )

(H) I enclose evidence of external reviews of governance ( )

(I) I enclose a written budget for the project and details of salaries ( )

(J) If part of the application is for salaries, I attach a written job description and person specification for each post ( )

(K) I have applied the correct amount of postage to this package ( )

Statement: I confirm that I am making this application on behalf of and with the authority of the named organisation.

Signature of Applicant (as named in Q1) ………………………………..

Date ………………………………..

#### DATA PROTECTION STATEMENT

The Northbrook Community Trust processes personal data in compliance with the Data Protection Act, 1998, and the General Data Protection Regulations 2018. We use the information, including personal data, supplied by you in your application, as part of the processes of assessing grant applications, monitoring the use of grants and publicising grants that we have made. You have the right to ask for a copy of the information we hold about you in our records. You also have the right to ask us to correct any of your information that is not accurate. The Northbrook Community Trust will give incidental access to your information to third party providers who supply services to us or process information for us (for example software maintenance or website hosts); and to law enforcement authorities if required to do so for the purpose of determining, preventing or detecting crime. We take the submission of your Application, either electronically or by hard copy, as confirmation of your assent to this.