

# CROYDON RELIEF IN NEED CHARITIES

Registered Charity No. 810114



## SMALL GRANT APPLICATION FORM for grants £5,000 and under

Please read the funding policy on our website before you complete the application form

### A. Your organisation

|   |        |
|---|--------|
| <b>Legal (formal) name of your organisation</b><br><i>[This is in your constitution, articles of association or other governance documents]</i><br><i>If your organisation also has a name by which it is more commonly known, please include this as well.</i> | -<br>- |
| <b>Address including postcode</b><br><i>The full address of your organisation's office or meeting place, if you have one. If not, the address of your main contact [see also section B.]</i>  |        |
| <b>Phone number</b>   |        |
| <b>E-mail address</b>   |        |
| <b>Website address [if any]</b>   |        |
| <b>What is the legal status of your organisation?</b>   |        |
| <b>Your charity number if your organisation is one</b>  |        |
| <b>When was your organisation set up? Month and year.</b>   |        |
| <b>What does your Charity do? (250 words)</b>   |        |
|   |        |

### B. Your main contact person who we can talk to about the funding

|  |  |
|--|--|
| <b>Full Name: title, first and last names</b>            |  |
| <b>Position: position/job title in your organisation</b> |  |
| <b>Address &amp; postcode, if different from above</b>   |  |
| <b>E-mail address</b>                                    |  |
| <b>Daytime phone number / Mobile number</b>              |  |

### C. Costs of the proposed service or project

|  |  |
|--|--|
| <b>1. Name of project:</b>                                       |  |
|  |  |
| <b>2. Grant Period:</b>  |  |
|  |  |
| <b>3. Total cost of project:</b>                                 |  |
|  |  |
| <b>3.1. Amount being applied for from Croydon Relief in Need</b> |  |
|  |  |

|  |
|--|
| <p><b>3.2. Status of applications from other funders, if applicable</b><br/> <i>We regard income from other sources positively as this makes organisations more sustainable. Please detail in full, to include those made or that you intend to make, amounts, and whether you have received a final decision, and whether relating to the complete project or to support different element/s. If any such application has been turned down, please indicate why. Would you have any objection if we wished to talk to such other potential funders? If not, please provide contact details (or otherwise clarify the reason).</i></p> |
| <p><b>3.3. Budget for this project</b><br/> <i>If necessary, include an additional sheet</i></p>   |
| <p><b>4. Please provide your organisation's bank account name, sort code and account number for grant payment if you are successful.</b></p>   |

## D. Description of the proposed service or project

|  |                                       |
|--|---------------------------------------|
| <p><b>5. Who will benefit from this project?</b><br/> <i>Croydon Relief in Need's funding can be used for the benefit of Croydon residents who are in need by reason of poverty or hardship, age, disability or other disadvantage. CRiN's current priorities are listed below but projects that meet other needs.</i></p>                               | <p><i>Please tick one or more</i></p> |
| <p><b>Older people (60 years and older) who are experiencing hardship;</b></p>   |                                       |
| <p><b>Young people (up to 25 years old) who are experiencing hardship;</b></p>   |                                       |
| <p><b>People living in the more deprived areas of the borough ("areas" may be Wards, housing estates, areas of the Borough; please provide details).</b></p>   |                                       |
| <p><b>Other: please provide details</b></p>  |                                       |
| <p><b>6. Description of your project (250 word limit)</b><br/> <i>Please describe your proposed project, how it will be delivered and from which premises. How will you identify and monitor your client base, as this funding is only available for Croydon residents (if applicable indicate the anticipated percentage of Croydon residents)?</i></p> |                                       |
| <p><b>7. How do you know that your project is needed in Croydon? (250 word limit).</b><br/> <i>For example:</i></p>  |                                       |

-Refer to any feedback collected from your target groups  
-How will your project meet the identified need?  
-If there are other organisations providing similar services to residents in Croydon, please explain why and in what way an extended need has been identified. Describe how you will work with other organisations to ensure that your project does not duplicate their activities. Letters of support may be included with the application.

**8. What difference would your project make? (250 word limit)**

*What benefits will result from your project? How will you know that this has been achieved and measure its success? Please estimate how many people will benefit.*

**9. Please provide between 1 to 3 measurable outcomes. (250 word limit)**

*If successful, these outcomes will be confirmed before the grant is made.  
Measurable outcomes may include: the number of activities or people involved; difference made to how people feel, their knowledge and confidence or impact on your organisation.*

**10. Do you plan to deliver your project in partnership with other groups? (250 word limit)**

*If you plan to manage your project in a formal partnership, please describe how this will work. Have you sought to identify organisations providing similar services in Croydon, and if so, please detail these and indicate if you have considered some co-operation with them? Letters of support may be included with the application.*

**11. If relevant, how would the proposed project continue when this funding comes to an end, or how would you bring it to an end? (250 word limit)**

*Would you be able to continue the project by using self-generated income, bidding for contracts or fundraising? If the project comes to an end, how would you support your service users?*

**12. Where relevant to your application, how would you publicise your service? (250 word limit)**

*Please list the methods you would use to publicise your service or project and how you will focus on the intended beneficiaries.*

**E. Added value**

This is about the additional resources that will be attracted to your organisation if the funding is agreed.

|  |  |
|--|--|
| <b>1. Estimated number of volunteers</b><br><i>We expect organisations to involve volunteers. Please estimate the number of volunteers that will be involved, these volunteers can include members of your management committee.</i> |  |
| <b>2. Estimated average volunteer hours</b><br><i>Estimated average number of total volunteer hours per week.</i>  |  |
| <b>3. Other additional resources</b>   |  |

## **F. Additional information/comments [optional]:**

When completed please send a copy of the form and all supporting documents by email, to Hilary Bell – Community Development Officer, [hilarybell@croydonalmshouses.org.uk](mailto:hilarybell@croydonalmshouses.org.uk)

Signed ..... Dated        /        /  
Full name ..... (please print)  
Position ..... (please print)

### **Terms and conditions**

1. By submitting this application form, you are agreeing that, if a grant is awarded, you will comply with these Terms and Conditions.
2. We will assess your application for funding based on the information on this form. When you submit it, you are confirming that, as far as you are aware, the information is accurate. If it is later found to be inaccurate, we may withhold, withdraw or in some cases recover funding from you. We may also ask for additional information or clarifications.
3. You must use the grant for the purpose for which it is awarded. If you do not, we may ask for the money back. Unless indicated otherwise by us at the time of payment, we will require grant monies received to be held by your organisation as “restricted funds”. We know that circumstances can change but you will need to get our permission in writing if you want to use the grant money (or part) in a different way.
4. If your application is successful, we will send you and require you to complete one of our report forms at the end of every 12 month period or when your project comes to an end if it is less than 12 months.
5. If your funding request in this application is a contribution towards a project and you do not secure the balance of funding to start the project within 12 months of our decision date, we reserve the right to withdraw the funding.

### **Data Protection**

1. We will use information contained in this form in accordance with the General Data Protection Regulations which came into force in May 2018. By signing this form, you accept that we will retain and use the information provided by you only for the purpose of grant assessment and management. We will retain this information for no more than 7 years from the date of the initial enquiry or the

end of the grant if awarded. We do not give out any details contained on this form except for the name of the Charity/organisation, the project title and description and the amount of the grant.

