

CROYDON RELIEF IN NEED CHARITIES

Registered Charity No. 810114



LARGE GRANT APPLICATION FORM for grants over £5,000

Please read the [Grant-making policy on our website](#) before you complete the application form

Please confirm you are able to submit relevant documents: (Annual accounts, Annual report, Safeguarding policies)	
Please confirm you have discussed this application with the Community Development Lead prior to submission:	

A. Your organisation

Legal (formal) name of your organisation <i>[This is in your constitution, articles of association or other governance documents]</i> If your organisation also has a name by which it is more commonly known, please include this as well.	- -
Address including postcode 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.]	
Phone number	
E-mail address	
Website address [if any]	
What is the legal status of your organisation?	
Your charity number if your organisation is one	
When was your organisation set up? Month and year.	
What does your Charity do? (400 word limit)	

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

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

C. Costs of the proposed service or project

1. Name of project:	
2. Grant Period:	

3. Total cost of project:
3.1. Amount being applied for from Croydon Relief in Need
3.2. Status of applications from other funders, if applicable <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>
3.3. Budget for this project <i>If necessary, include an additional sheet</i>
4. Please provide your organisation's bank account name, sort code and account number for grant payment if you are successful.

D. Description of the proposed service or project

5. Who will benefit from this project? <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. Please tick one or more and add the estimated number of project beneficiaries for our monitoring purposes.</i>		
Beneficiaries your project will support.		No. of Beneficiaries
Older people (60 years and older) who are experiencing hardship;		
Young people (up to 25 years old) who are experiencing hardship;		
People living in the more deprived areas of the borough ("areas" may be Wards, housing estates, areas of the Borough; please provide details).		
Other: please provide details		

6. Where will your project take place?

If your project will be taking place at more than one location, please list where and indicate which Croydon ward/s.

7. Description of your project (400 word limit)

- *Please describe your proposed project*
- *What activities you will be offering*
- *How it will be delivered (including no. of sessions, timings, frequency)*
- *How will you identify and monitor your client base, as this funding is only available for Croydon residents (if applicable indicate the percentage represented by the latter).*

8. Project Outcomes

Croydon Relief in Need (CRiN) would like to see how projects are working towards reducing the impact of poverty on people in Croydon.

CRiN believes that one of the ways we can do this is by being clear about the changes that we hope people will experience through your projects.

Please tick which outcome/s your project best aligns to: -

1. Increased wellbeing	
2. Reduced loneliness	
3. Increased ability for people to manage their own lives, in the way they want to	

9. Project Intervention Theme.

Please tick the theme that your project best aligns to or add if not listed.

1. Social	
2. Advice and Information	
3. Practical support	
4. Specialist support service	
5. Wellbeing Activities	
6. Food insecurity	
Other – please specify	

10. How do you know that your project is needed in Croydon? (400 word limit).

For example:

-Refer to any feedback collected from your target groups

-How will your project meet the identified need?

-For information on the ward areas you are delivering or planning to please visit: -

- www.croydonobservatory.org

- www.cvalive.org.uk/empowering-the-community/networks/local-community-partnerships/

-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.

11. What difference would your project make? (400 word limit).

- Describe how your project will achieve the outcome/s (ticked in question 8) and how you will measure your success
- What benefits will arise if you implement your project?

12. If relevant, how would the proposed project continue when this funding comes to an end, or how would you bring it to an end? (400 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?

13. Where relevant to your application, how would you publicise your service? (400 word limit)

Please list the methods you would use to publicise your service or project and how they are appropriate to reach the people who would benefit from it.

13. Please provide a project summary. (25 word limit)

14. Estimated project start and completion dates

Start Date-

Completion Date -

E. Added value

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

1. Estimated number of volunteers <i>We expect organisations to involve volunteers. Please estimate the number of volunteers that would work on this service. These volunteers can include members of your management committee.</i>	
2. Estimated average volunteer hours <i>Estimated average number of total volunteer hours worked per week.</i>	
3. Other additional resources	

F. Additional information/comments [optional]:

When completed please send a copy of the form and all supporting documents by email, to Bec Yusuf, becyusuf@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. We will request proof of purchase for all capital spends over £2,000.
5. 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.
6. 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.
7. All successful projects must start within 6 months of the funding outcome notification.

Data Protection

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.