

CROYDON PARTNERSHIP

Youth Opportunity Community Grants



1. ALL ABOUT YOU

1.1. Please provide the contact details of someone we can speak to if we have any queries about your application. They should be knowledgeable about the project and available to speak to us during office hours.

Address of Organisation					
	Post Code				
Contact Name:	Position in Organisation:				
Phone number:	Fax Number:				
Mobile number:					
Email:	Website:				
1.2. If you are a formally established group: ☐ Yes ☐ No					
When did your organisation start?	/(day/month/year)				
What type of organisation are you (tick all boxes that are appropriate)?					
Registered Charity	Number				
Unincorporated Club or association					
Other (please specify)					
Are you part of a larger regional or nation We will fund local branches if you can management committee.	al organisation demonstrate you operate independently and have a separate				
Do you have a constitution or set of rules? ☐ Yes ☐ No					
 Staffing and Volunteers How many of each of the following are involved in the organisation (please put numbers) 					
Full-time Staff / Workers	Members				
Part-time Staff / Workers	Volunteers and Helpers (all ages)				
Management Committee Members	Volunteers and Helpers (under 25 years)				

1.4.	Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides
2. 1	TELL US ABOUT YOUR GRANT APPLICATION
2.1.	Is this project for (please tick one): □ New work □ To continue existing work
2.2.	If you are asking for funding for a specific project or activity, please provide the start & end dates. If you are requesting funding for ongoing work, please leave this section blank.
	Start Date/ Finish/
2.3.	Which part of Croydon will your project / activity benefit. If yours is a regional or national project, please provide details here.
	Code and area where most of the people benefit will come from (if relevant)
2.4.	What would you like to do with your grant? Please describe your project / activity. Please also tell us about the people or community that will benefit from your services and what kind of issues they might be facing i.e. low income, lack of facilities etc.

	Please outline th	ne benefits or outcomes	you expect to achie	eve as a result of the	e funding.
3.	WHO WILL BENE	FIT			
3.1.	Approximately h	ow many beneficiaries w	vill there be		
3.2	Age Ranges of beneficiaries of the	Beneficiaries. From the his grant	list below, please	tick one group that	would be the primar
Ch	ildren (5 – 12)	Young P	eople (13 – 18)	Seniors (over 65)	
3.3	Primary ethnic beneficiaries of to	group. From the list be	elow, please choos	se one group that t	would be the primar
	British	Black Caribbean & White	Indian	Caribbean	Chinese
	Irish	Black African and White	Pakistani	African	Any other
_	Eastern	Asian and White	Bangladeshi	Other Black	Other white
	European				
	Gypsies & Travellers	Other: Dual Ethnicity	Other Asian	Chinese	
	Gypsies & Travellers	Other: Dual Ethnicity ecify			
	Gypsies & Travellers	Ethnicity			
4.	Gypsies & Travellers	Ethnicity ecify			
This	Gypsies & Travellers Other – please sp PROJECT BUDG s application is for	ecify ET a larger grant of up to £2	2,000. Please expla	in how you would u	use this money.
This How	Gypsies & Travellers Other – please sp PROJECT BUDG s application is for vever, if unsuccessuld explain how you	ecify	2,000. Please explay also be considered for use these for	in how you would u	ise this money. to £1,000, and you
This How show appl	Gypsies & Travellers Other – please sp PROJECT BUDG s application is for vever, if unsuccessuld explain how you lication for more the	Ethnicity ecify ET a larger grant of up to £2 sful, your application may our budget could be adap	2,000. Please explay also be considered for use these for	in how you would uned for a grant of up to	ise this money. to £1,000, and you
This How show apple 4.1.	Gypsies & Travellers Other – please sp PROJECT BUDG s application is for vever, if unsuccessuld explain how you lication for more the What is the total	Ethnicity ecify ET a larger grant of up to £2 sful, your application may our budget could be adap nan £2,000 will not be co	2,000. Please explay also be considered the set of the	in how you would under a grant of up to the unds if you were aw	ise this money. to £1,000, and you

4.4. Budget breakdown summary (incl. VAT).

Please provide details of items requested and a full breakdown of costs for how you would use a £2,000 budget. This can be provided on a separate sheet if easier.

Type of Cost	Amount Requested	Details / Cost Breakdown The cost breakdown should show us what calculations you used e.g. Room hire: 10 hours at £10/hour=£100; 500 photocopies at 5p each = £25.
Staff costs e.g. salaries		
Volunteer Costs e.g. travel, lunch expenses training		
Operational/Activity costs e.g. venue hire, childcare, etc		
Office, overhead, premise costs e.g. rent, postage, telephone/fax, heating / lighting		
Capital cost IMPORTANT NOTE Please only include costs here if they are for a single asset that costs over £250 (plus VAT if relevant), that has a life of more than one year.		
Publicity cost e.g.designing and printing publicity material		
Other costs		
TOTAL		

4.5. Budget breakdown for smaller award.

In the event that you are not awarded a full £2,000 grant, please explain how you would change your costs to make use of a grant of up to £1,000.

Type of Cost	Amount	Details / Cost Breakdown			
01.15	Requested				
Staff costs					
Volunteer Costs					
Volunteer Costs					
Operational/Activity costs					
Office, overhead, premise					
costs					
Capital cost					
Dub lisitus and					
Publicity cost					
Other costs					
Total					
Total					
4.6. If you are successful we will make payment by cheque or BACS. Please enter the details of your bank/building society below.					
Name of Bank/building society :					
Number of signatories required for	authorisation of ch	eques from your account?			
If a grant is awarded, who should t	he cheque he mad	e payable to?			
in a grant is awarded, who should t	ne cheque be mad	e payable to:			
Sort code		Account number			
SECTION 5: ACCOMPANYING DOCUMENTATION CHECKLIST					
Please make sure you enclose the following with your application if you have them. Incomplete applications will not be considered.					
applications will not be consider	red				
☐ Proof of income and expen	diture (group's anr	•			
☐ Signed copy of your organi	diture (group's anr sation's set of rule	nual accounts signed) s / terms of reference / constitution			
☐ Signed copy of your organi☐ Signed and completed app	diture (group's anr sation's set of rule lication form	s / terms of reference / constitution			
☐ Signed copy of your organi☐ Signed and completed app	diture (group's anr sation's set of rule lication form	·			
☐ Signed copy of your organi☐ Signed and completed app☐ Names and addresses of n	diture (group's anr sation's set of rule lication form nanagement comm	s / terms of reference / constitution ittee members, with cheque signatories identified.			
☐ Signed copy of your organi☐ Signed and completed app☐ Names and addresses of n	diture (group's anr sation's set of rule lication form nanagement comm	s / terms of reference / constitution			

SECTION 6: DECLARATION

It is essential that you understand and agree to sign up to the following statements. Please note that **if you leave the organisation or can no longer fulfil your responsibilities**, or someone else takes over responsibility for the grant on behalf of the organisation, **you must inform us immediately**.

- Our signatures confirm our acceptance of the terms and conditions of the grant as they are set out in this application form and the Scheme Guidance notes.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- We will only spend the grant for the purposes outlined in this initial application unless we have received written confirmation, from the Croydon Partnership, that we can make a variation of spend.
- We will spend grants for the purchase of equipment or a short-term project within 6 months of receipt. Any other grant will be spent within a 12-month period of receipt. The Croydon Partnership may require the return of the balance of any grant not spent after this period. Any unforeseen circumstances which delay a grant being spent will be taken into account and support given where appropriate.
- We acknowledge we cannot sell or dispose of any equipment or other assets funded or part
 funded by the Croydon Parternship without first receiving written permission. If any equipment or
 assets are sold within their working life without such undertaking, the Croydon Parternship can
 ask for a percentage of the original grant to be re-paid.
- We realise we must keep all financial records and accounts including receipts for items bought with the grant for at least 6 years. These must be made available to the Croydon Partnership if requested.
- We will comply with the Croydon Partnership's Monitoring and Evaluation requirements and will return appropriate information within 13 months of the grant being awarded (or 6 months if the grant is for a one-off event or item of equipment). We will also send a copy of our annual accounts or financial report for the year in which the project took place.
- We will acknowledge the grant in relevant publications that relate, directly, to this project or activity and in other documents that we produce such as our Annual Review etc. We will use the appropriate logo and credit, as provided by the Croydon Partnership.
- We confirm that, if we are going to be working with children or vulnerable adults, we will ensure we have carried out the necessary checks through the Criminal Records Bureau on our paid and volunteer staff. We will also ensure that we have the appropriate policies in place, together with systems for ensuring that these policies are at work on a daily basis.
- We confirm that we shall comply with any legal and insurance obligations that may be relevant in
 order to carry out the scheme, such as planning, licensing, employment, health and safety, and
 equal opportunities legislation and public liability and employers' liability insurance as well as
 specific insurance requirements. We will ensure that all necessary permits and licenses have
 been obtained for any event or project funded by the grant and that the event or project complies
 with all relevant regulations.
- We accept that the Croydon Partnership will, under no circumstances, be liable for any damage, injury or loss of any kind whatsoever to any property or persons occurring as a result of activities undertaken with this grant.
- We acknowledge that we must allow Croydon Partnership representatives to make visits and have access to relevant information, if requested.
- The Croydon Partnership is committed to equal opportunities both in the provision of services and as an employer. The project shall ensure that it promotes equality of opportunity to all

- sections of the community in its service delivery, its internal employment and management practices, and in its dealings with any partners or contractors.
- We give permission for the Croydon Partnership to record the information in this form electronically and to contact our organisation by phone, mail or email with regards to this application. We understand the Croydon Partnership may list our organisation as a grant recipient, and provide details about our application, in press releases, in the press, on our website, annual review and other publications. We accept that you may share information about our organisation with other funders and organisations that might be able to help us achieve our aims.

The Croydon Partnership may hold back an instalment of a grant, or ask for repayment in whole or in part, in the following circumstances:

- a. if the organisation fails to keep the terms and conditions of grant aid as detailed above
- b. if the application form or accompanying documents contained false or deliberately misleading information
- c. if the organisation does not follow guidelines in their Child Protection Policy (if applicable) or Vulnerable Adult Policy (if applicable)
- d. if any member of the governing body, staff or volunteers act dishonestly or negligently in their implementation of the grant
- e. if the organisation closes down, goes into administration, receivership or liquidation

This form should be signed by two people from your management / organising committee. We suggest you keep a copy for your own records

Organisation Chair or Secretary

Name (please print) ______ Signature _____ Date: _____ Committee member Name (please print) _____ Signature _____ Date: _____ From time to time Croydon Partnership may contact you with information about its activities or pass your details on to other potential funders that might be interested in your project / activity. If you do not wish to be contacted for these purposes please tick this box

Please sign and return to:

Croydon Partnership Community Team, (c/o Ahzaz Chowdhury) Unit 35, Centrale Shopping Centre, Keeley Road, Croydon, CR0 1TF

Email: community@thecroydonpartnership.com