

St Helens General Charitable Trust ~ Registered Number 1076122

Please note this Application Form is for Grants of less than £500

Please ensure you have understood the Trust's Charitable Objects and Guidance Notes attached.

All sections must be completed

For help completing this form or an alternative format, please contact Info@StHelensParishChurch.Org

Section 1: Contact Details

1a. Name of Applicant Group/Person	
1b. Contact name	
1c. Contact address	
1d. Postcode	
1e. Daytime telephone number	
1f. Mobile number	
1g. Email	

Section 2: About your Group/Organisation/Project

2a. When was your group/organisation/project formed?	
2b. Website address (if you have one)	
2c. Brief description of your group/organisation/project (eg: type of group; aims; what you do?)	
Maximum 50 words	
2d. Charity Registration Number (if any)	(Groups only)
2e. How many trustees/committee members do you have?	(Groups only)
2f. How many volunteers do you have?	(Groups only)
2g. How many paid staff do you have? (full-time = 1, halftime = 0.5)	(Groups only)
2h. Details of bank/building society signatories	(Groups only)
Name of signatory 1:	Address of signatory 1:
Name of signatory 2:	Address of signatory 2:

Section 3: Your Project Proposal

3a. Name of your project/event	
3b. Location (inc. postcode) Projects must be located within the Parish of St Helens – see map attached. Applications to benefit residents of the Parish, but taking place beyond the Parish may be considered.	
3c. What project and/or activities do you want us to help fund? Be specific about what you will do; how you will do it (including any voluntary input) and about how you will spend any grant.	
Bullet Points appreciated, but Max 100 words	

3d. How will your project benefit the local community? *Eg: improve volunteering/participation, reduced isolation, etc.*

Bullet Points appreciated, but Max 100 words

3e. What evidence is there to show your project is needed? *Evidence to support your application – eg: letters of support – are helpful.*

Bullet Points appreciated, but Max 100 words

3f. How will you measure the difference your project will make? *For example; increased numbers using an improved village hall or reduction in bills due to energy efficiency measures.*

Bullet Points appreciated, but Max 100 words

Section 4: Project Planner

4a. Project start date:		4b. Project completion date:	
4c. Does your project require consent/s or permission before it can start?		Yes	No
4d. If so, what and when will they be in place?			

Section 5: Financing your Project

5a. What is the total cost of your project (including VAT)?	
5b. How much funding are you applying to St Helens Charitable Trust? <i>Maximum for a small grant is £500 per application</i>	£
5c. What is your total match-funding from other sources?	
5d. Is your organisation/group VAT registered?	Yes No

Section 6: Project Budget

6a. Projected Expenditure			
Item Description	Cost exc VAT £	VAT £	Total inc VAT £
Total			

6a. Projected Expenditure			
6b. Projected Income <i>(total projected expenditure and total projected income should be the same)</i>			
Source of Income	Confirmed?		Amount
	Yes	No	
This Grant – <i>subject to approval</i>			
Total			

Section 7: Supporting Documents Checklist

Please supply all required supporting documents when you submit your application. Your application will not be considered until you have supplied all the documentation below	✓
A copy of your most recent annual accounts	
A copy of your most recent bank or building society statement (not more than 3 months old) to include any reserve accounts	
Copies of 2 written quotes/estimates for all items of expenditure between £50 and £499 <i>(Quotes – inc. Web-based – not more than 6 months old)</i>	
A copy of your constitution, set of rules, or governing document	

Section 9: Declaration

In signing this declaration I confirm that:

1. I have full authority on behalf of the group/organisation to make this application.
2. I have read and understood the Trusts Charitable Objects and Guidance Notes.
3. The information contained in this application is correct at the time of submission.
4. The applicant / group / organisation has appropriate insurances to cover this project.
5. The activities associated with this Project/Event are comply with relevant statutes and regulations, and specifically – as far as it is possible – with the requirements of Equal Opportunities policies and practice.

Signed *	Print name	Position in group <i>(Chair etc)</i>

Section 10: Data Protection

The information you have provided in your application will only be used for the purposes of considering your grant application. If your application is successful, the name of your group, the location of the project, amount awarded and a summary of your project will appear in any report that may be required by the Charity Commission and potentially by others.

Section 11: Returning your Application

Please **make sure all the required supporting documentation** is enclosed, then return your completed form to:

The Administrator, St Helens Charitable Trust, St Helens Parish Church, Church Square, St Helens. WA10 1AF.

Email: Info@StHelensParishChurch.Org