

St Helens General Charitable Trust ~ Registered Number 1076122

Standard Grant Form

Please note there is a shorter Applications Form 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 group/ organisation	
1b. Contact name	
1c. Contact address	
1d. Postcode	
1e. Daytime telephone number	
1f. Mobile number	
1g. Email	

Section 2: About your Group/Organisation

2a. What year was your group/organisation formed?	
2b. Website address (if you have one)	
2c. A brief description of your group/organisation (type of group; aims; what you do?)	
<i>Maximum 50 words</i>	
2d. Charity (or other) Registration Number – if any	
2e. How many trustees/management committee members do you have?	
2f. How many volunteers do you have? – if any	
2g. How many paid staff do you have? (full time = 1, half post = 0.5)	
2h. Details of two unrelated bank/building society signatories	
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		
3b. Type of grant requested	Category	(tick)
	Capital	

	Revenue	
	Continuing Costs	

3c. 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.

3d. How many residents will benefit from your project?

3e. 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 how you would spend any grant.

Bullet Points appreciated, but Max 100 words

3f. Why is your Project needed and How will your project benefit the local community? eg: increased volunteering, participation, reduced isolation, etc.

Bullet Points appreciated, but Max 100 words

3g. How will you measure the difference your project will make? eg: increased numbers using an improved community hall; reduction in bills due to energy efficiency measures; and etc.

Bullet Points appreciated, but Max 100 words

Section 4: Project Planner

4a. Project start date:		4b. Project completion date:	
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4c. Project Timetable with Project Milestones – eg: consent or permissions in place; planned purchase of property or equipment; completion date.

Project milestone	Date

4d. Does your project require any consents or permissions before it can start? Please delete as appropriate		Yes No
4e. If so, provide details.		
Capital / Building Works Grants Only		
4f. Do you own the tenure of the premises/site of the project? Please delete as appropriate	Yes	No
4g. If no at 4f, who owns it?		
4h. At 4f or 4g, is ownership freehold or leasehold?		
4i. If leasehold, how long is remaining on the lease?		
4j. How will the ongoing maintenance of your Project and/or asset/s be carried out and funded following its completion?		
Bullet Points appreciated, but Max 100 words		

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>Minimum grant level of £500 and a normal maximum of £10,000</i>	
5c. What is your total match funding from other sources?	
5d. Is your organisation VAT registered? please circle as necessary	Yes No
NB successful applicants should forward a copy of the final invoice addressed to the applicant, to the Treasurer by email or by post to, St Helens Charitable Trust,% St Helens Parish Church, Church Square, St Helens. WA10 1AF.for immediate payment on receipt, with full details of the Bank Account, name and address to post the cheque to.	

Section 6: Project Budget

6a. Projected Expenditure			
Item Description	Cost exc VAT £	VAT £	Total inc VAT £
Total			
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 Documentation 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 – ALL Applicants	
Copies of written estimates for all items of expenditure up to £500 (less than 6 months old)	
Copies of two written quotes/estimates for all items of expenditure above £500 (not more than 6 months old) or paid invoice (send to address below)	
A copy of your constitution, set of rules, or governing document	

Section 8: Equalities and Safeguarding

8a. Does your group/organisation have an equal opportunities policy or statement?	Yes	No
8b. Does your group/organisation have a child protection policy or statement?	Yes	No
8c. Does your group/organisation have a safeguarding vulnerable adults policy or statement?	Yes	No
8d. What arrangements will be made for those with mobility or access difficulties to participate in your project		
Bullet Points appreciated, but Max 100 words		

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 (Chair etc)

Section 10: Data Protection

The information provided in your application will only be used for the purposes of considering your 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 others.

Section 11: Returning your Application

Please **make sure that you have enclosed all required supporting documentation** and 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