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| **Cheltenham Gold Cup Centenary Community Fund**  **Application Form Questions** | | | | | A logo with a cup and horses in a circle  Description automatically generated | | |
|  | | | | | | | |
| **Please note this form is for drafting your application responses. We are currently only able to accept online applications using the portal on our website.**  [**https://gloucestershirecf.org.uk/grant/cheltenham-gold-cup-centenary-fund**](https://gloucestershirecf.org.uk/grant/cheltenham-gold-cup-centenary-fund) | | | | | | | |
| **Section 1- Organisation** | | | | | | | |
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|  | | | | | | | |
| **Name of your organisation** | | | | | | | |
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|  | | | | | | | |
| **Address of your organisation inc postcode** | | | | | | | |
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|  | | | | | | | |
| **Email** |  | | | | | | |
| **Website** |  | | | | | | |
|  | | | | | | | |
| **Main Contact for this Application** | | | | | | | |
| Title | First Name | | | | Surname | | |
|  |  | | | |  | | |
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| Position held in organisation | | | | |  | | |
|  | | | | | | | |
| Contact Address | | | | | | | |
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|  | | | | | | | |
| **Daytime Phone Number** | | | | |  | | |
| **Email address** | | | | |  | | |
|  | | | | | | | |
| **Organisation details** | | | | | | | |
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| **When did the organisation start?** | | | | | | / / | |
|  | | | | | | | |
| **What type of organisation are you? (tick as appropriate)** | | | | | | | |
| **A registered charity. If yes please provide your number** | | | | | |  | |
| **Company limited by guarantees.** | | | | | |  | |
| **Unincorporated club or association** | | | | | | | |
| **Community Interest Company** | | | | | | | |
| **Charitable Incorporated Organisation** | | | | | | | |
| **Other:** | | | | | | | |
|  | | | | | | | |
| **Are you part of larger regional or national organisation?**  Yes  No | | | | | | | |
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| **Please provide a brief summary of the aims and objectives of your organisation and the activities or services your organisation provides** | | | | | | | |
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|  | | | | | | | |
| **What is your organisation’s annual income? An estimate is fine** | | | | £ | | | |
| **What are your organisation’s current unrestricted reserves? An estimate is fine** | | | | £ | | | |
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| **Please provide details of funding secured by your organisation during the past 12 months (include name of organisation and amount awarded).** | | | | | | | |
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| **How many of each of the following are involved in the organisation?** | | | | | | | |
| **Full Time Staff** | |  | | **Management Committee** | | |  |
| **Part Time Staff** | |  | | **Volunteers and helpers** | | |  |
|  | | | | | | | |
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| **Section 2 - Your application** | | | | | | | |
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| **Project or Activity name?** | | | | | | | |
| **Project/Funding start date** | | | / / | **Project/Funding End date** | | | / / |
|  | | | | | | | |
| **Which local authority area will most of the beneficiaries come from?** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Please provide a postcode which represents the geographical area you will benefit?** | | | | | | | |
| **Please provide a 20-25 word summary of what you seek a grant towards**  **How will you spend this grant? Please describe the project or activity you are seeking a grant towards, telling us what you are going to and how you are going to do it and what difference it will make** | | | | | | | |
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| **Tell us about the people this grant will benefit, who they are and what their particular needs are** | | | | | | | |
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| **Please give details of any partners you are working with to deliver this project/activity? What element of the project/activity are these partners helping to deliver?** | | | | | | | |
|  | | | | | | | |
| **In this space you can tell us anything else you would like to about your project that you feel will support your application (you do not have to complete this box if there is nothing extra to add)** | | | | | | | |
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| **Section 3 – Impact** | | | | | | |
| **Approximately how many beneficiaries will there be?** | | | | | |  |
|  | | | | | | |
| **Select an option to represent the Primary Beneficiary Group for this grant.** The form will also allow you to choose other beneficiaries too | | | | | | |
| Who are the primary beneficiaries for your project/activity? | | | | | | |
| Children & Young People | | | | | | |
| Disadvantaged / Low income groups | | | | | | |
| People with disabilities | | | | | | |
| Homeless People | | | | | | |
| Families | | | | | | |
| Black and Minority Ethnic groups | | | | | | |
| People in rural areas | | | | | | |
| People in urban areas | | | | | | |
| Local Residents | | | | | | |
| Older People | | | | | | |
| People with mental health difficulties | | | | | | |
| Alcohol/drug addiction | | | | | | |
| Other | |  | | | | |
| |  | | --- | | **What is the primary age group that will benefit from this grant?** |   **Budget** | | | | | | |
| **What is the total project cost?** | | | | | | £ |
| **How much money are you applying for?** | | | | | | £ |
| **Are you seeking other funding for this project/activity?** | | | | | | |
| **Please give details of any other funding you are seeking or have secured for this project or activity (including any of your own contributions)** | | | | | | |
|  | | | | | | |
| **How much has been raised so far?** | | | | | | £ |
|  | | | | | | |
| **Please fill the box below with costs related to your application or project (inclusive of VAT) and ensure the total requested amount matches the size of grant you are requesting** | | | | | | |
| Project Costs/Application Costs (example headings – you can change these) | | Total Cost | | Requested Amount | Breakdown of costs | |
| Staff costs | |  | |  |  | |
| Volunteer expenses | |  | |  |  | |
| Operation/activity costs | |  | |  |  | |
| Office/overheads/premises | |  | |  |  | |
| Capital costs (equipment) | |  | |  |  | |
| Publicity | |  | |  |  | |
| other | |  | |  |  | |
| Total | | £ | | £ |  | |
|  | | | | | | |
| **Bank Account Details** | | | | | | |
| **Please provide your group’s bank details** | | | | | | |
| **Name of the bank/ building society** | | | | | |  |
| **Name of bank account** | | | | | |  |
| **Account Number** | | | | | |  |
| **Sort code** | | | | | |  |
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| **Checklist/Supporting Documents Required** | | | | | | |
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| **We cannot process your application unless you have:** | | | | | | |
| Answered every question on the online form: [**https://gloucestershirecf.org.uk/grant/main-grants-programme/**](https://gloucestershirecf.org.uk/grant/main-grants-programme/) | | | | | | |
| Provided a copy of your most recent accounts / financial statement (unless they are available publicly at Companies House or the Charity Commission | | | | | | |
| Provided a signed and dated copy of your constitution / governing document | | | | | | |
| Provided a copy of your child protection policy and/or vulnerable adults policy (if appropriate) | | | | | | |
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| **Reference** | | | | | | |
|  | | | | | | |
| Please provide details of a referee who holds a professional or public position that knows of your group’s work but is independent of your group and this project. Please make sure this person is willing and knows about this particular application and is locally based. | | | | | | |
| **Title** | **First Name** | | **Surname** | | | |
|  |  | |  | | | |
|  | | | | | | |
| **Organisation Name** | | |  | | | |
| **Position in organisation** | | |  | | | |
| **Referee address** | | |  | | | |
| **Daytime Phone Number** | | |  | | | |
| **Email address** | | |  | | | |