



West Itchen Community Trust  
**SMALL GRANTS FUND – Northam**

**APPLICATION FORM**

**PART A – CONTACT DETAILS**

1. Name of group/organisation .....
2. Name of Project (if different from above) .....
3. Name and Title of person responsible for this application .....
4. Position in group/organisation .....
5. Address for correspondence.....  
 .....
6. Tel No Daytime ..... Evening .....
7. E-mail .....
8. West Itchen Community Trust (WICT) Membership Number .....
9. If you have any specific communication needs, what are they?  
 Textphone  Sign Language  Other language  Other: .....

**PART B – INFORMATION ABOUT YOUR GROUP/ORGANISATION**

**10. Please tick the type of organisation you represent (more than 1 may apply)**

- |  |                          |                    |                          |
|--|--------------------------|--------------------|--------------------------|
| Voluntary/community group/organisation | <input type="checkbox"/> | Registered charity | <input type="checkbox"/> |
| Company limited by guarantee           | <input type="checkbox"/> | Charity No. ....   |                          |
| Company No. ....                       |                          |                    |                          |

Other (please describe & give number ).....



11. In what year did your group/organisation start? .....

12. Has your group/organisation ever previously received funding from another grant scheme for this or any other project?

Yes  please specify ..... No

13. Is your group/organisation part of a larger organisation? If yes, please describe

.....  
.....

14. Does your group/organisation have a formal constitution/set of rules/vision statement setting out its aims and objectives?

Yes  (please supply & go to question 16) No  (please go to question 15)

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15. How does your group/organisation make decisions? Please note that you must be working towards a written document.



**16. How many people are involved in running your group/organisation?**

Number of committee members

Number of paid staff (full time)

Number of paid staff (part time)

Number of volunteers   
(other than committee members)

Number of members

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## Part C – Financial Information

17. Has your organisation got a BANK ACCOUNT? YES / NO

If YES, please state the NAME OF ACCOUNT to which the grant can be made payable, if the bid is successful. This account MUST belong to the organisation and NOT to an individual.

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Please give names, positions and addresses of 2 signatories to the Account:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

If NO please contact the Community Development Officer at the Trust for clarification

18. Does your group have income of more than £10,000 per year? YES / NO

If YES please provide a COPY OF YOUR ACCOUNTS, or complete the attached FINANCIAL INFORMATION SHEET.

If NO please provide a COPY OF A BANK STATEMENT WHICH IS LESS THAN 3 MONTHS OLD.

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## PART D – ABOUT YOUR PROJECT/ACTIVITY

19. Please describe your project and what the grant would be used for:



**20. What will the grant pay for? Please fill in as much as possible below:**

Item	Cost	Quotes (if available)
<b>Total Funding requested</b>	£	£
<b>Total cost of activity</b>	£	£

**21. If the grant would not fund the whole activity, how do you expect to finance the remaining cost of the activity?**

**22. Have you applied for other funding for this activity? If so, when will you hear the result?**

**23. What difference or benefit will the activity make?**




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**24. When will the activity start:**

**When will it complete:**

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**25. Where will your activity take place? Please tick relevant box**

Bevois Valley  St Mary's  Newtown  Northam  Chapel

Nicholstown  Other: .....

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**26. How many people will benefit from this project? (Please tick relevant box)**

Up to 20                       21 – 40                       41 – 60

61 – 80                       81 – 100                       100 plus

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**27. Which age group will your project/activity MAINLY benefit? Please tick relevant boxes**

Mostly children below the age of 16                       Mostly young people aged 16 – 24

People aged 25 – 60                       People over 60

All age groups

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**28. Which gender will your project/activity MAINLY benefit? Please tick relevant box**

Female & Male                       Male                       Female



**29. Which ethnicity will your project/activity MAINLY benefit? Please tick relevant box**

- |                                 |                          |                                   |                          |
|---------------------------------|--------------------------|-----------------------------------|--------------------------|
| White British                   | <input type="checkbox"/> | White: Any other white background | <input type="checkbox"/> |
| Black or Black British: African | <input type="checkbox"/> | Black or Black British: Caribbean | <input type="checkbox"/> |
| Mixed: Asian & Black African    | <input type="checkbox"/> | Mixed: Asian & Black Caribbean    | <input type="checkbox"/> |
| Asian or Asian British          | <input type="checkbox"/> | Mixed: Asian, Black & White       | <input type="checkbox"/> |

Other: .....

.....



## PART E – DECLARATION

Has your group/organisation formally met and agreed to submit an application?

Yes

No

Please ensure you have enclosed the following:

- Constitution OR set of rules OR vision statement setting out aims and objectives
- If income is over £10,000 per year, Accounts OR Financial Information Sheet
- If income is under £10,000 per year, Copy of bank statement less than 3 months old
- Child and young people protection policy if applicable

### DATA PROTECTION STATEMENT

The information on this form will be stored on a database for use ONLY by the West Itchen Community Trust Limited and used for monitoring grants paid from our Community Grants Fund. Any personal details kept here will only be used in conjunction with the organisation in a contact capacity and will not be forwarded to any other organisation except as a contact for the said organisation.

### DECLARATION

This application is submitted on behalf of the organisation named below which we are duly authorised to represent. The information given is correct to our knowledge.

### SIGNATURES

TWO signatures of people authorised to sign on behalf of your group are required.  
ONE signature MUST be from a member of the committee

Signature

Name in Block Capitals

Position in Group

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please return completed forms to: **West Itchen Community Trust,**  
**53 Derby Road, Southampton SO14 0DJ**