**APPLICATION FOR GRANT**

**Please complete all fields (typed not handwritten).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1** | | | | | | | | | | | | | | |
| **NAME OF CHARITY:** | | | |  | | | | | | | | | | |
| **REGISTERED ADDRESS OF CHARITY:** | | | |  | | | | | | | | | | |
| **TELEPHONE NO:** | | | |  | | | | | | | | | | |
| **WEBSITE ADDRESS:** | | | |  | | | **E-MAIL ADDRESS:** | | | |  | | | |
| **CONTACT PERSON:** | | | |  | | | | | | | | | | |
| **TITLE OF CONTACT PERSON:** | | | |  | | | | | | | | | | |
| **Charity registration no.:** | | | |  | **Registration date:** | | | | | | | |  | |
| **OFFICERS OF BOARD/COMMITTEE** | | | | | | | | | | | | | | |
| **Chairperson**: | | |  | | | **Occupation:** *(if retired state former occupation)* | | | | | |  | | |
| **Trustee:** | | |  | | | **Occupation:** *(if retired state former occupation)* | | | | | |  | | |
| **Treasurer**: | | |  | | | **Occupation:** *(if retired state former occupation)* | | | | | |  | | |
| **Secretary**: | | |  | | | **Occupation:** *(if retired state former occupation)* | | | | | |  | | |
| **DETAILED OF LATEST PUBLISHED ACCOUNTS** | | | | | | | | | | | | | | |
| **Year ended:** |  | | | | **Income:** | | | | |  | | | | |
| **Expenditure:** |  | | | | **Unrestricted reserves:** | | | | |  | | | | |
| **Revenue funding (List sources of revenue funding below, together with the amounts expected from each in the current year):** | | | | | | | | | | | | | | |
| **HAVE YOU MADE ANY PREVIOUS APPLICATIONS TO HELP THE HOMELESS? YES/NO** | | | | | | | | | | | | | | |
| **Successful: YES/NO** | | **Request:** | | | | | | | **Date:** | | | | | **£** |
| **Successful: YES/NO** | | **Request:** | | | | | | | **Date:** | | | | | **£** |
| **SECTION 2** | | | | | | | | | | | | | | |
| **Brief aims/overview of your organisation:** | | | | | | | | | | | | | | |
| **How does your organisation target homelessness and help homeless people back into mainstream society?** | | | | | | | | | | | | | | |
| **Which other organisations do you work with?** | | | | | | | | | | | | | | |
| **FOR ORGANISATION’S PROVIDING ACCOMMODATION TO THE HOMELESS :** | | | | | | | | | | | | | | |
| **Number of hostels, group homes or houses:** | | | | |  | | | | | | | | | |
| **Total no. of** **residents:** | | | | | **Location(s):** | | | | | | | | | |
| **Average weekly charges to residents:** | | | | | | | | | | | | | | |
| **SECTION 3** | | | | | | | | | | | | | | |
| **GRANT REQUESTED: (please note Alternative Giving does not fund core costs/running costs: e.g. salaries, rent, etc.)**  **Please note that we do not currently accept applications for IT equipment.** | | | | | | | | | | | | | | |
| **Need for funding (we are only able to consider applications for Capital Projects):** | | | | | | | | | | | | | | |
| **Estimated total budget for this project:** | | | | | | | | | | | | | | |
| **Breakdown of budget for the project:** | | | | | | | | | | | | | | |
| **Amount requested from Alternative Giving:** | | | | | | | | | | | | | | |
| **Breakdown of requested grant (i.e. state how you would use any funds from Help the Homeless) :** | | | | | | | | | | | | | | |
| **What other organisations have you approached to help fund this project, with results to date?** | | | | | | | | | | | | | | |
| **Where/How did you hear about Alternative Giving?** | | | | | | | | | | | | | | |
| **Check List before submitting your application (all boxes must be ticked to proceed with application):** | | | | | | | | | | | | | | |
| **□** | Confirmation of charity registration | | | | | | | | | | | | | |
| **□** | All sections are fully completed; | | | | | | | | | | | | | |
| **□** | The form has been **signed** by an authorised official;  **(We require a handwritten signature)** | | | | | | | | | | | | | |
| **□** | Copy of latest published accounts. | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | **Date:** | | | | | | |
| **Position held**: | | | | | | | | | | | | | | |

The **signed** form and accounts can be emailed to [lucy@wolverhamptonbid.co.uk](mailto:lucy@wolverhamptonbid.co.uk) or posted to Wolverhampton BID Company Ltd, c/o Alternative Giving Suite 1, 178 Stafford Street, Wolverhampton WV1 1NA.