

THE LEN PICK TRUST

5 Granby Court
Hereward Street
Bourne
Lincolnshire PE10 9AD

Tel: (01778) 218090
W: www.lenpicktrust.org.uk

GRANT APPLICATION FORM – for grants of £500 and less

- Please read the information in our pack or on our website before completing this form to ensure that your organisation is eligible and the activities for which you are seeking funding match our objectives and priorities.
- Please ensure that all sections of this application form are fully completed. It should be sent to the Trust Manager at the above address.
- Please ensure that the form is signed by an appropriate officer of the organisation, and that the Monitoring and Evaluation form for your previous grant is enclosed.

Name of Organisation.

Address of Organisation.

Tel _____ Fax No: _____ Email: _____

Purpose of Grant*

Amount requested £

* Please also explain how this grant will fulfil the objectives of the Len Pick Trust using continuation sheets if necessary.

For LPT use only

Date received:

Budget category

Date acknowledged:

Grant category

Date to be considered:

Budget allocation

Information about your organisation

1. Name of contact person

..... (Mr/Ms/Mrs/Miss)

2. His/her position in the organisation

.....

3. Address for correspondence (if different from the previous page)

.....

Contact telephone number Fax.....

Email

4. What is the legal status of your organisation ? (more than one may apply)

Company Limited by Guarantee (Reg. Co. No.)

Registered Charity (Charity Reg. No

Voluntary organisation

Other. Please describe

5. Briefly state the key objectives of your organisation

.....

.....

.....

Staffing

6. Does your organisation have any paid staff? Yes No

If yes, how many?

7. Does your organisation have any volunteers? Yes No

If yes, how many?

Services/Activities

8. Please prioritise your organisation's main services/activities for your last financial year?
(max.4)

.....
.....
.....
.....

9. Are you planning to introduce any new services/activities for the year to which your grant application refers ?

Yes No

If yes please give details

.....
.....

10. Have there been any significant changes to your organisation in the past 12 months?

Yes No If yes, please describe

.....
.....

11. How many people do you expect to help in the current financial year?

12. What impact has feedback from users had on your organisation?

.....
.....

Your grant request

13. What funding do you require for your project ?

In total From LPT

14. When will the grant be required ?

15. Over what period do you expect to spend the grant ?

CHECKLIST

Please ensure that you have:

- answered all the questions and signed the declaration
- enclosed copies of the documents we require

Please list documents enclosed with this application:

Monitoring and Evaluation form
Most Recent audited accounts (if applicable)
Last Annual Report
Project budget
Specific or one-off Project form (if applicable)

If your application is successful please state to whom a cheque should be made payable and the address to which it should be sent

.....

DECLARATION

When you have completed the application please sign this declaration

I

am an authorised representative of:

.....

To the best of my knowledge the information I have provided on this application form is correct. If LPT agrees to make a grant this will be used exclusively for the purposes described.

Signed..... Date.....

Position in organisation

THE LEN PICK TRUST

MONITORING AND EVALUATION FORM

(To be completed by all organisations in receipt of a grant from LPT)

Name of organisation _____
Name of person completing form _____
Position in organisation _____
Telephone no: _____

Your previous grant from LPT was £ _____	Date agreed: _____
Purpose of grant (as described in your previous application)	
1. Please demonstrate how this grant was spent, giving if possible a breakdown of any specific use of the grant. This information may be supplied as a separate budget or identified through your accounts.	
2. Did any of the following occur in the past 12 months? (please tick)	
Increased membership <input type="checkbox"/>	Improved service delivery <input type="checkbox"/>
Wider public awareness <input type="checkbox"/>	Increased user involvement <input type="checkbox"/>
Additional services <input type="checkbox"/>	Increased volume of work <input type="checkbox"/>

3. Has your organisation encountered any unexpected issues during the past 12 months?

Yes

No

If yes please describe

4. Have you collected any monitoring statistics during the period of the grant?

Yes

No

5. If yes, please describe method and outcomes (If you have a separate report of your own evaluation please attach)

6. Will your organisation make any changes as a result of your evaluation?

7. What other evidence do you have that your organisation met the needs that were described in your original application?

8. How have you ensured that quality standards are maintained?

9. Do you wish to add anything about the use of the grant that you would like to bring to the attention of Trustees?