

Community Foundation for Greater Manchester Birdhouse Fund

Application Form



For maximum grants up to £500

Before completing this application, please make sure you have read the application guidelines and notes. If you need advice or support to complete your application form, please contact one of our Grants team who will be happy to discuss your application.

Please ensure that **ALL** boxes on this form are completed. To avoid any delays in processing your application we ask you to include all the additional information that is requested in the checklist at the end of this form. **Applications that are received incomplete or do not have the correct supporting documentation will be returned.**

Please write clearly in black ink or type and remember to sign and date the form at the end.

Please send your completed application form to:

The Community Foundation for Greater Manchester
5th Floor, Speakers House
39 Deansgate
Manchester
M3 2BA



Telephone: 0161 214 0940

Email: enquiries@communityfoundation.co.uk

Charity Registration Number: 1017504

OFFICE USE ONLY			
<u>Date Received</u>	<u>ID No.</u>	<u>App No.</u>	<u>Scheme</u>
Name of Applicant			

About You

1 Contact Details (these are the details that will be used for correspondence purposes)

Title		Name	
Daytime Tel Number			
Evening Tel Number			
Fax Number			
Mobile Number			
Email address			
Address Details			
Post Code			

2 Please indicate what age range you fall into?

16 to 24 25 to 49 50 plus

3 Please indicate below your preferred method of contact (please tick)

Telephone Email By Letter

Preferred Time of day

4 Please indicate your ethnic origin below

Asian or Asian British	Black or Black British	Dual Ethnicity	White
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Asian and White <input type="checkbox"/>	British <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Black African and White <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other Black <input type="checkbox"/>	Black Caribbean and White <input type="checkbox"/>	Eastern European <input type="checkbox"/>
Other Asian <input type="checkbox"/>		Other Dual Ethnicity <input type="checkbox"/>	Other White <input type="checkbox"/>
Gypsies and Travellers <input type="checkbox"/>			

If you wish to describe your ethnic origin in another way, please do so below

- 5 What is it that you intend to use this grant for? If you wish to purchase multiple items, please list each item and their cost separately in the table below.**

For items totalling £200 and above you will have to provide a quotation. This could be print outs from a website or photocopies of pages from a catalogue. This applies to all items of equipment (washing machine, computer, carpets) or services (i.e. tuition fees, training,) totalling £200 or above.

Type of Cost	Description	£ Amount (Including VAT)
<i>Example : Laptop</i>	<i>Toshiba from PC World</i>	<i>£499.99</i>
TOTAL		

- 6 When would you require receipt of this grant? Please tick one of the boxes below:**

As soon as possible

A specific start date

If you require this grant for a specific start date (i.e. for a training course) please write the start and end dates in the boxes below:

Start Date (month and year)		End Date (month and year)	
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- 7 Please tell us about any other funding you have sought to help you, and if you were successful or not. The guidelines included with this application provide examples of support that may be available.**

- 8 The Birdhouse Fund prioritises women who are facing obstacles, which prevent them from making a positive change to their quality of life. Please tell us about your current situation.**

- 9 Please tell us how you feel receiving this grant will help you positively improve your quality of life. If it will make a difference to any other individuals (e.g. family members), please tell us how the grant may benefit them as well.**

Referee Details

We require applicants to provide a reference with their application. A referee needs to know you and be aware of your background/situation detailed in this application and must be someone other than a family member. Some examples of a Referee might be a college tutor, a support agency worker, parish priest.

Your Referee's organisation will be the one who accepts the grant on your behalf, as **WE are unable to make cheques payable to individuals.**

Please ask your referee to read your application and to complete the section below. We may contact the referee for further information once we have received your application. If you are unsure of who to choose as a referee or are struggling to find someone appropriate, please do not hesitate to contact us.

Name of Referee		Profession	
Address			
		Post Code	
Daytime Tel Number		Mobile Tel Number	
Email address			
How long have you known the applicant?	Months		Years
Please describe the nature of your relationship with the applicant?			
Please tell us in your own words why you wish to support this application			
If from a support agency, have you considered alternate sources of funding? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I confirm that I have read this application Yes <input type="checkbox"/> No <input type="checkbox"/>			
I confirm that my organisation is happy to receive the award on behalf of the applicant. If YES please complete the Bank Details overleaf. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Referee Signature		Date	

Bank Details

We are unable to make cheques payable to individuals, so one option is to ask your Referee if their organisation can accept the grant cheque on your behalf, or you can ask another appropriate agency. Whichever agency agrees to accept the cheque will need to ask them to complete the statement below.

Account Name			
Bank/Building Society Name			
Bank/Building Society address			
		Postcode	

Statement from agency/organisation that has agreed to accept the grant for the applicant

I confirm that my organisation has agreed to accept the grant for the applicant's activity. I am authorised to give this permission. I agree to ensure that all the grant funds will be passed on to the applicant to be spent solely for the purpose for which it was given, and that I will account for the grant separately in my group's annual accounts and send a signed copy of these accounts once they are ready to the Community Foundation.

Signature		Position	
Full Name		Date	

If your grant is for materials, equipment or course fees, we can pay the supplier direct. If so, we will need an invoice from them once the grant has been confirmed as successful.

Monitoring

To help us monitor our grant-making programmes effectively, please complete the following information, which will only be used for monitoring purposes. This information will be recorded on a database and used to gather general information for reporting purposes. (Please Note: No individual details will be made public without prior consent. Any information you provide will not affect the outcome or your application)

How did you hear about the Community Foundation?

CFGM Website	<input type="checkbox"/>	Local Newspaper	<input type="checkbox"/>	Local CVS	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Radio / Television	<input type="checkbox"/>	Leaflet / Poster	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>	Who?			
Workshop / Event	<input type="checkbox"/>	Where?			
Volunteer Associate Advisor	<input type="checkbox"/>	Who?			
Other (Please specify)	<input type="checkbox"/>				

Declaration

It is essential you understand and agree to sign up to the following statements. Failure to do so may have an impact on future funding.

1. I confirm that the information contained in this application is correct.
2. If successful I will not use the grant for any other purpose other than that specified on the grant award letter without first contacting the Community Foundation to seek authorisation.
3. I will keep the receipts for any payments made with this grant and will send copies of the receipts, along with an End of Grant Feedback Form to the Community Foundation, once the grant has been spent/at the end of the project. (Within a maximum of 12 months of receiving the grant).

Contact Person - (Applicant/Person completing this application)

Signature		Full Name	
Position		Date	

Thank you for completing this application

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