

# 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  
Beswick House  
Beswick Row  
Manchester  
M4 4LA



Community Foundation  
for Greater Manchester

Telephone: 0161 214 0940

Email: [enquiries@communityfoundation.co.uk](mailto: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 Organisation			

# 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**

<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Dual Ethnicity</b>	<b>White</b>
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"/>
<b>Gypsies and Travellers</b> <input type="checkbox"/>			

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

**5 Please tell us about your situation and what would you like to do with the grant in order to improve your quality of life.**

**6 Please tell us how you feel the grant will make a difference to you and any other individuals who may benefit from it**

## Referee Details

Please ask your referee to read your application and to complete the section below. A referee needs to know you and be aware of your background/situation detailed in this application. They must also be in an appropriate position, eg a worker in a relevant support agency/organisation, college tutor, parish priest etc. 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.

We may contact the referee for further information once we have received your application.

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				
I confirm that I have read this application <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				

<b>Referee Signature</b>		<b>Date</b>	
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# 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 -** (Person completing this application)

<b>Signature</b>		<b>Full Name</b>	
<b>Position</b>		<b>Date</b>	

# 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"/>				

***Thank you for completing this application***

**Please send your completed application form to:**

The Community Foundation for Greater Manchester  
 Beswick House  
 Beswick Row  
 Manchester  
 M4 4LA



**Community Foundation  
 for Greater Manchester**

Application Version 05/08