

Ferry Farm Community Grant Fund Grant Application Form

Please complete and submit this form to apply for a grant from Ferry Farm Community Grant Fund.

Before completing the form, we strongly recommend that you read the Eligibility Criteria as well as the Panel Constitution and Notes to Applicants.

Completed application forms will be accepted from 2nd January 2024 and must be received by 5pm on 31st January 2024.

If you require any further information, please contact ferryfarm@selseycommunityforum.uk.

See the Eligibility Criteria (para 13) and mark one of the following to indicate the theme of your application:

Environmental Education	
Biodiversity	
Energy	
Climate Change Readiness	

Please do not use acronyms; titles should be written in full to aid understanding

Q1: Contact Details

Name of Organisation

Address

Telephone		
Email		
Website (if any)		
Facebook (if any)		
_		
The main contact should be someone	from your organisation who can discuss the appli	ication
Please give a second conta	act in case the main contact is not available.	
Main Contact Name		
Position		
Telephone (if different to above	/e)	
Email (if different to above)		

Second Contact Name			
Position			
Telephone (if different to above)			
Email (if different to above)			
·			
Q2: What type of organisation are Charity, Not-for-Profit Company, Community Interplease explain). If appropriate, please give your	rest Company,	Community Group/Clu	
ype of Organisation		Registration Number	
Q3: When did your organisation s	start?		
Month	Year		
Q4: What does your organisation	do? (Its ove	erall aim or mission -	200 words max)
Q5: Please describe how your org service or the community you serv			e who use the

Q6a: Where do the people who will benefit from	your project mainly live?
Q6b: How many beneficiaries are there of your	project?
Number of Deficiones	
Q7: How many people are involved in running y	our organisation?
Managers Volunteers	
Q8a: What are your organisation's annual incorreserves for your most recent year?	me, expenditure and free
Income £	
Expenditure £	
Free Reserves £	
Q8b: Please indicate the purpose of your reserves	3.
Q9: Please tell us what project or service you we funding you are applying for in relation to your service applying for in relation to your service and the service applying for in relation to your service and service applying for in relation to your service applying the service app	specific focus:

Q10: What is the need for the project or service you will provide in relation to your specific focus? (200 words max) Please outline the need for the project or service and add any evidence that you have eg: statistics, feedback, evaluation, consultation. Q11: What will be achieved/what are the outcomes? (100 words max) How will you measure your outcomes/progress/success? (100 words Q12: max)

Q13: How will you manage your project? (200 words max)
Q14a: How will your project continue after the funding you have applied for been spent? (100 words max)
Q14b: What is the timescale for your project? (50 words max)
Q15: How much will your project cost in total? (50 words max)

Q16: If you are applying to other sources for funding this project, please fill out the table below (you can include 'match-funding' here).

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Source		Amount £	Secured (Yes or No)
Q17: Please provide a broshowing how the funding to kind' funding here).			
Item	Cost £	А	mount of Bid £
Totalo			
Totals			
If you wish to provid	le any further informatio	n, please include it	below.

- 1. Grant payments are made by cheque or by BACS. If you do not have a bank account, we might be able to make payment to another charity (host) on your behalf. If you require this option, please let us know.
- 2. If we need your bank details, we will ask for them in due course.
- 3. Please be prepared to provide the following if requested:
 - a. Copies of estimates or catalogue pages if you are applying for a grant to purchase equipment.
 - b. A photocopy of one bank statement from the last 3 months.
 - c. Names of the Management Committee members with signatories identified.
- 4. Depending on the nature of your project, we might ask for additional documents, if relevant:
 - a. Child Protection or Vulnerable Adult Protection Policy (if you are working with these groups).
 - b. Health & Safety Policy.
 - c. Equality, Diversity and Inclusion Policy Statement.

DECLARATION:

- 1. I am authorised to make this application on behalf of the above organisation.
- 2. I certify that the information contained in this application is correct.
- 3. I will inform Ferry Farm if the information in this application changes in any way.

Namo		 _	
Name	wame	Date	

Your application can be submitted to ferryfarm@selseycommunityforum.uk as an attachment to an email, or delivered to Selsey Care Shop, 121 High St, Selsey PO20 0QB.

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