



Application form for Organisations

This application alleviates fuel poverty Y N

This application enhances energy efficiency Y N

About your Organisation

1. Name of Organisation

2. Main Organisation Address

3. Contact Details

Main Person Contact

Title

Name

Role

Tel. Number Day

E-mail

4. Please describe below the main activities or services that your organisation provides.

5. When was your organisation established?

6. Where geographically do you mainly work? i.e. London, North West England, etc. Please be as specific as possible.

7. What type of organisation are you?

8. Tell us how many people are involved in running your organisation.

Management Committee

Volunteers

Full Time Paid Staff

Part Time Paid Staff

9. How many people access your service?



Application form for Organisations *continued*

Your Organisations Finances

Your latest set of audited accounts may be requested for inspection at a later date.

Total Income in last financial year £

Total Expenditure in last financial year £

Bank balance at time of Application* £

*Equivalent to how many months of running your organisation

Please describe the project/activity you are seeking funds for.

9. What is the total cost of your project?

10. How much funding are you requesting from us?

11. If this request does not cover all the costs of the project please tell us what funds have you applied for and the amounts of funds you have raised so far.

Name of Funder

Amount Applied for.

12. Why is this project needed and how has the need been identified?

13. Please provide us with a breakdown of the costs for the project. You may attach a separate excel sheet detailing the budget to this form.

14. Please detail the anticipated achievements from this project/activity.

People who will benefit from this project

How Many?

Age Group(s)?

Does your project benefit a particular socio-ethnic group?

How do you identify and source your beneficiaries?



Application form for Organisations *continued*

DECLARATION

I confirm that I am authorised to make this submission and sign this declaration on behalf of the organisation named in making this application. I understand and agree to the following conditions should any grant be made.

(Please note that if you leave the organisation or can no longer fulfil your responsibilities, or someone takes over responsibility for the grant on behalf of the organisation you must inform the Sureserve Foundation

1. We certify that the information contained in this application is correct.
2. If successful the grant will not be used any other purpose other than that specified without first contacting the Sureserve Foundation to seek authorisation.
3. We will send a brief report to the Sureserve Foundation, outlining progress made on the project and money spent, within three months of receiving the grant.
4. We will keep receipts and records of any payments made with this grant and will send copies of the receipts, along with an End of Grant Report to the Sureserve Foundation, at the end of the project. (Within a maximum of 12 months of receiving the (final) grant).
5. We will highlight the support given by the Sureserve Foundation in all relevant publicity material which we will share with the Sureserve foundation.
6. We agree for the Sureserve Foundation to use details about any award received by us for promotion purposes.
7. We understand the Sureserve Foundation will not award funding, if this project receives complete funding.
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FUNDING EXCLUSIONS

The foundation will not consider applications from:

1. Organisations operating nor individuals residing outside the United Kingdom.
2. Organisations applying on behalf of another – the foundation requires applicants to be legally independent.
3. Those seeking to fund political or religious activities.
4. Those seeking to fund activities or projects already complete at time of application.
5. If the information in the application changes in any way, we will inform the Sureserve foundation immediately.

Main Person Contact

(Person completing this application)

Signature:

Print Name:

Position:

Date

Second Person Contact

(Trustee/Management Comm.)

Signature:

SENDING YOUR APPLICATION FORM TO US

Once you have completed this form, save it and send it to info@thesureservefoundation.org