**Wakefield Tetley Trust Small Grants**

**Application Form 2024**

**Please read the Guidance before completing this form**

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| **Section One - Eligibility**  |

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| Does your organisation meet the eligibility criteria  | Yes / No / Uncertain  |
| Has your organisation applied to us before (give details if yes)  | Yes / No / Uncertain |

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| **Section 2 - Your Organisation**  |  |
| Organisation name  | Organisation telephone  |
| Organisation operating address  | Organisation website URL |
| Contact name for this application | Number of staff (part-time, full-time)  |
| Organisation status/ Registered Charity No (if applicable)  | Number of volunteers (exclude governing group) |

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| **Section 3 - The Applicant**  |
| Your full name |
| Your job title |
| Your email address  |
| Your contact number (if different from above)  |

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| **Section 4 - Request Summary** |
| **Summary of your request (maximum 100 words)**  |
| Amount requested (please round up to nearest £1)Core or project costs? (if for both, please split the amounts for each) |
| If 100% is core funding, please confirm 70% or more of the work is for Tower Hamlets residents YES / NO |
| If this is a part contribution to the cost of a larger project/funding, what is the total cost?  |
| How many people will benefit (estimate if you are not sure)  |
| What period do you expect the grant to cover |

**In section 5 below, there is no formal word limit but we suggest no more than 200 words for each answer**

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| **Section 5 – About your request** |
| Please summarise your work and achievements in the last 12 months or financial year  |
| What do you need the funding for |
| How does your application meet our funding priorities (Please refer to the guidance for these)  |
| What difference will the funding make to the people that you help (for instance, with the cost of living crisis)  |
| What challenges are you likely to face in conducting this work  |
| How will you learn from your work and understand the difference that you make – please share any tools or techniques you will use (interviews, surveys etc) |

**Section 7 Data for internal use only**

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| **Section 7 - Safeguarding** |
| Is your work with children and young people or vulnerable adults? |
| If yes, what policies and procedures do you have in place to protect them? |

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| **Section 8 - Beneficiaries**  |
| **Tell us more about your beneficiaries (who they are, the challenges they face, how you find them)**  |

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| **Section 9 - Governance** |  |
| How frequently does your governing body meet each financial year? Please give their last meeting date  |  |
| What were your free reserves at your last financial year end? (these are unrestricted funds available for running costs, they include designated funds) | Date year end XX/XX/XXXXFree reserves £0.00 |
| Since the date of your most recent published accounts, are there any **significant changes** to your organisation’s structure, financial position or core activities, or any potential changes which will significantly affect your organisation? If yes, please describe those below | Yes / No |
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| **Section 10 - Additional Documents**  |  |
| **Please attach the following documents to your application, unless they are publicly visible on the Charity Commission Register**  | **Your answers here** |
| Governing Document or Constitution  | See Charity Register / Attached |
| List of Officers, Trustees, Committee Members and Executive Staff | See Charity Register / Attached |
| Annual Report and Accounts (the most recent published accounts)Please note, if your latest approved accounts are more than 12 months old, we may request predicted figures for the current financial year | See Charity Register / Attached |
| Full current year budget and breakdown of expenditure (please give annual budget if you are asking for core costs)  |  |
| Recent bank statement (please blank out the transactions if you can) which cannot be older than 3 months  | Attached / Not attached  |
| How did you hear about Wakefield Tetley Trust, and this grants programme | WTT website or mailing Local CVS or other voluntary support network/circular Word of mouthOther (please state)  |

**Please note**

We are using this simple Word form whilst we work to update our application process. We appreciate any feedback you have about using this form and the application process, in the box below.

**Feedback here**

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| **Section 11 - Declaration**  |
| **All the information in this application is true and accurate to the best of my knowledge** |
| **My governing body know of this application and agree it can be submitted** |
| **We accept the Trust's decision is final and there is no right of appeal**  |
| **The information provided in this form will be stored and used by the Trust in accordance with the Data Protection Act 2018 which integrates the General Data Protection Regulations** |
| **The information provided will be used for assessment and monitoring purposes** |
| **The information you provide may be shared with third parties including external auditors and police and regulatory bodies for the purposes of determining detecting or preventing crime; or ensuring that no organisation is receiving duplicate funding; or where this is otherwise required by law** |
| **Print Name**  |  |
| **Signature** | **We prefer you to print and sign here and scan the signed form to us. If that is not possible, we will accept your typed signature** |
| **Job Title** |  |
| **Date of Signature** |  |

Please send your completed and signed form by email to enquiries@wakefieldtrust.org.uk

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Registered Charity No. 1121779

www.wakefieldtrust.org.uk