|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **SMV Grant Application Form** | | | | | |
|  | | | | | | | |
| **Contact Details** | | | | | | | |
|  | | | | | | | |
| Name of your organisation | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Address of your organisation | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Email |  | | | | | | |
| Website |  | | | | | | |
|  | | | | | | | |
| Main contact for this application | | | | | | | |
| Title | First name | Surname | | | | | |
|  |  |  | | | | | |
|  | | | | | | | |
| Position held in organisation | |  | | | | | |
|  | | | | | | | |
| Contact address | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Daytime phone number | | | | | Email address | | |
|  | | | | |  | | |
|  | | | | | | | |
| **Reference** | | | | | | | |
|  | | | | | | | |
| Please provide the contact details of an independent referee. This should be someone in a professional or public position who knows your organisation. | | | | | | | |
| Title | First name | Surname | | | | | |
|  |  |  | | | | | |
|  | | | | | | | |
| Organisation name | |  | | | | | |
| Position in organisation | |  | | | | | |
| Referee address | |  | | | | | |
| Daytime phone number | |  | | | | | |
| Email address | |  | | | | | |
|  | | | | | | | |
| **Organisation details** | | | | | | | |
|  | | | | | | | |
| When did the organisation start? | | | | | | / / | |
|  | | | | | | | |
| What type of organisation are you? (tick as appropriate) | | | | | | | |
| A registered charity. If yes, please provide your number | | | | | |  | |
| Charitable Incorporated Organisation. If yes, please provide your number | | | | | |  | |
| A registered company. If yes, please provide your number | | | | | |  | |
| Unincorporated club or association | | | | | | | |
| Community Interest Company | | | | | | | |
|  | | | | | | | |
| Are you part of a larger regional or national organisation?  Yes  No | | | | | | | |
|  | | | | | | | |
| How many of each of the following are involved in the organisation? | | | | | | | |
| Full time staff | |  | | | Management committee | |  |
| Part time staff | |  | | | Volunteers and helpers | |  |
|  | | | | | | | |
| Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides. Please also include details of how your organisation has been affected by the Covid-19 pandemic. For example, how have you adapted the delivery of your services; has demand for your services increased, decreased or changed in focus; how are the services you provide supporting the response and recovery effort? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| What is your organisation’s annual income? | | | | | £ | | |
|  | | | | | | | |
| **About your grant application** | | | | | | | |
|  | | | | | | | |
| Your project/activity name | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Please enter the start and end dates of the activities this grant will fund | | | | | | | |
| Project/funding start date | | | / / | | Project/funding end date | | / / |
|  | | | | | | | |
| Where will the project take place? | | | | | | | |
| Bristol | | | | | | | |
| Bath & North East Somerset | | | | | | | |
| South Gloucestershire | | | | | | | |
| North Somerset | | | | | | | |
|  | | | | | | | |
| Please provide a postcode which represents the geographical area you will benefit. | | | |  | | | |
| How will you spend this grant? Please describe your project or activity. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| What needs and disadvantage will your project address and what evidence have you collected to demonstrate this need? Please also include any information specific to the Covid-19 response and recovery effort. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| What positive changes would this grant make to the lives of people who use your project/service? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Please explain how you will measure and report on the positive changes made? | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| Please tell us about your organisation's experience and the impact of your previous work; you may also want to tell us about the people involved in your project and why you are confident in their ability to make the project succeed. |
|  |
|  |
| How do you see this project/activity developing after this funding comes to an end, or do you see this as a one-off project/activity? |
|  |
|  |
| Please tell us why the cost of this project/activity cannot be met using your organisation’s existing funds? |
|  |
|  |
| Please provide details, if applicable, of any other organisations you are working with on this, or other projects. |
|  |

|  |  |  |
| --- | --- | --- |
| Which category best describes the impact your project will have? | | |
| Improve people's life skills, education, employability and enterprise | | |
| Maximise people's ability to strengthen community cohesion and build social capacity | | |
| Provide people with opportunities to access local services, achieve greater social justice and to reduce inequality, exclusion and disadvantage | | |
| Advance people's physical and mental health, wellbeing and safety | | |
| Connect people with the arts, culture and heritage | | |
| Transform people's access to, and engagement with, their environment and public spaces | | |
|  | | |
| How many people will benefit from this funding? | |  |
| How many people will benefit directly? | |  |
|  | | |
| Primary beneficiary - Select a single option to represent the primary beneficiary group for this grant | | |
| Adults | Men | |
| Alcohol/drug addiction | Migrant workers | |
| Black and minority ethnic groups | Not in education, employment or training (NEET) | |
| Carers | Older people | |
| Children and young people | People in rural areas | |
| Disadvantaged / low income | People in urban areas | |
| Ex-offenders and prisoners | People with general health issues | |
| Families | People with learning difficulties | |
| Homeless people | People with mental health difficulties | |
| Lesbian, gay, bi-sexual and transgender | People with physical disabilities | |
| Local residents | People with weight / obesity issues | |
| Lone parents | Refugees / asylum seekers | |
| Long term unemployed | Women | |
|  | | |
| Primary issue - select a single option to represent the primary issue that will be addressed by this grant. | | |
| Arts and culture | Language and culture | |
| Community support and development | Poverty and disadvantage | |
| Counselling / advice / mentoring | Racial and cultural integration | |
| Crime | Recycling | |
| Disability and access issues | Religion | |
| Education and training | Renewable energy | |
| Employment and labour | Rural issues | |
| Environment | Social inclusion | |
| Health and wellbeing | Social services and activities | |
| Heritage | Sport and recreation | |
| Homelessness | Supporting family life | |
| Housing | Transport issues | |
| IT / technology | Volunteering | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary ethnic group - select a single option to represent the primary ethnic group for this grant | | | | | |
| African | | | Eastern European | | |
| All ethnicities | | | Gypsies and travellers | | |
| Asian and white | | | Indian | | |
| Bangladeshi | | | Irish | | |
| Black African and white | | | Other Asian | | |
| Black Caribbean and white | | | Other black | | |
| British | | | Other mixed ethnicity | | |
| Caribbean | | | Other white | | |
| Chinese | | | Pakistani | | |
|  | | | | | |
| Please indicate the primary age group that will benefit from this grant | | | | | |
| Early years (0 - 4) | | | Young adults (19 – 25) | | |
| Children (5 – 12) | | | Adults (26 – 65) | | |
| Young people (13 – 18) | | | Seniors (65+) | | |
|  | | | | | |
| What is the total project cost? | | | | | £ |
| How much has been raised so far? | | | | | £ |
| How much money are you applying for? | | | | | £ |
|  | | | | | |
| Please give a breakdown of cost under the following headings (inclusive of VAT) | | | | | |
| Type of cost | Total cost | Requested amount | | Breakdown of costs | |
| Staff costs |  |  | |  | |
| Volunteer expenses |  |  | |  | |
| Operation/activity costs |  |  | |  | |
| Office/overheads/premises |  |  | |  | |
| Capital costs (equipment) |  |  | |  | |
| Publicity |  |  | |  | |
| Other |  |  | |  | |
| Total | £ | £ | |  | |
|  | | | | | |
| Please provide details of any other funding you are seeking or have secured for this activity. | | | | | |
|  | | | | | |
|  | | | | | |

|  |
| --- |
| **Checklist** |
| **We cannot process your application unless you have:** |
| Answered every question |
| Provided a copy of your constitution/governing document/set of rules |
| Provided the contact details of at least 3 members of your management committee/board of trustees/board of directors |
| Provided a copy of a bank statement or other evidence of a bank account in the name of your organisation |
| Provided a copy of your most recent annual accounts or financial records that show your organisation's balance of funds, income and expenditure |
| Provided a copy of your safeguarding policy if your organisation works directly with children or vulnerable adults |
|  |
| **STATEMENT**  I hereby declare that to the best of my knowledge the information I have given is accurate. I give the Society of Merchant Venturers permission to keep details within this application on file.  Name (printed):  Position/job title:  Signature: Date: |
| This form is intended to assist in providing a clear application. Should you have any queries or require any assistance, please don’t hesitate to contact us.  For more information on this year’s meeting dates, please contact the Society of Merchant Venturers on 0117 973 8058 or email [enquiries@merchantventurers.com](mailto:enquiries@merchantventurers.com). |