



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 [if different from above]

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:

☐ Company limited by guarantee (CLG)

☐ Unincorporated group, club or association

☐ Community Interest Company (CIC)

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. (*max 400 words*)

What is your organisation's annual income?

£

About your grant application

Please provide a 20-30 word description of your project /activity (*max 30 words*)

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.

Please tell us how the funding will be used? (*max 200 words*)

What is the need for this work and what evidence have you collected to demonstrate this need? (*max 300 words*)

What positive changes would this grant make to the lives of people you seek to support? (*max 150 words*)

Please explain how you will measure and report on the positive changes made? *(max 200 words)*

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? *(max 150 words)*

Please provide details, if applicable, of any other organisations or groups you are working with to deliver this work

Impact

Please select a single option to represent the primary issue that will be addressed by this grant

☐ Arts, culture and heritage	☐ Poverty and disadvantage
☐ Community support, cohesion and development	☐ Racial and cultural integration
☐ Core funding	☐ Recycling
☐ Counselling / advice / mentoring	☐ Religion
☐ Crime, safety and anti-social behaviour	☐ Renewable energies
☐ Disability and access issues	☐ Rural issues
☐ Education, skills and training	☐ Social inclusion
☐ Employment	☐ Social services and activities
☐ Environment	☐ Sport and recreation
☐ Health and wellbeing	☐ Substance misuse and addiction
☐ Housing and homelessness	☐ Supporting family life
☐ IT / technology	☐ Transport issues
☐ Language and culture	☐ Volunteering

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

Beneficiaries

How many people will directly benefit from this funding?

Please select a maximum of two options to represent the main beneficiary group for this grant

☐ Adults	☐ People experiencing homelessness
☐ Carers	☐ People in poverty / on low incomes
☐ Children and young people	☐ People needing mental health support
☐ Disabled people	☐ People with / at risk of a criminal record
☐ Families/parents	☐ People with health conditions
☐ LGBTQIA+ people	☐ People with learning disabilities
☐ Local residents	☐ People with learning difficulties
☐ Men	☐ Racially minoritised communities
☐ Migrant communities	☐ Refugees / asylum seekers
☐ Neurodivergent people	☐ Rural communities
☐ Not in education, employment or training (NEET)	☐ Unemployed / economically inactive people
☐ Older people	☐ Victims of crime, violence or abuse
☐ People experiencing addiction	☐ Women

Primary ethnic group - select a single option to represent the primary ethnic group for this grant

☐ No overall majority	☐ White British/European/Other
☐ Asian/Asian British	☐ Data not collected/unknown
☐ Black/African/Caribbean/Black British	☐ Any other group/background – please describe
☐ People with mixed heritage	

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 – 64)
☐ Young people (13 – 18)	☐ Older Adults (65+)

Budget

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. <i>(max 100 words)</i>

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 (please do so below if not supplied in a separate document)
1)
2)
3)
☐ 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 that is up-to-date and relevant to your organisation's work.

Applications without the supporting documents will not be submitted to the Committee.

Declaration

The personal information collected via the application form is collected to solicit and process applications for grants from the Society of Merchant Venturers. All information is collected in accordance with the Data Protection Act 1998 (DPA), and the General Data Protection Regulations 2018 (GDPR). By completing an application form, you are giving consent for the information to be collected and for the Society of Merchant Venturers to communicate with you/your organisation.

We hold all personal information on secure files; grant related information is disclosed to grant panel members and to donors. We publish lists of grants awarded, and we use data in our publicity, but we anonymise details of any individual beneficiaries. If you feel that any other information about your application or project should not be made publicly available, please contact us to discuss this.

Please refer to our Privacy Policy at [Privacy – The Society of Merchant Venturers](#)

I confirm that the information given on the application form is true and my group has formally agreed that I can act on their behalf. I confirm that I have attached or will send (by post or email) all necessary supporting documents.

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.