**Yorkshire Common Application Form 2024**

***\* Indicates this section MUST be completed***

**1. Name of Organisation/Group \***

|  |
| --- |
|  |

**2. Address \***

|  |
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|  |

Street Address

|  |
| --- |
|  |

Street Address Line 2

|  |
| --- |
|  |

City/Town/Village

|  |
| --- |
|  |

Postcode

|  |
| --- |
|  |

Website/social media

**3. Details of contact person \***

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Title Name Position

**4. Main contact number \***

|  |
| --- |
|  |

**5. Second contact number**

|  |
| --- |
|  |

**6. Email \***

|  |
| --- |
|  |

**7. Do you have any communication needs (e.g. BSL, large print)**

|  |
| --- |
|  |

*By entering information in the box above you give your consent for [Name of funder] to hold this information. See Privacy Notice for more information.*

**8. Please select your organisational structure \***

[ ]  Informal group/community group

[ ]  Registered Charity

[ ]  Charitable Company Limited by Guarantee

[ ]  Community Interest Company (CIC) Limited by Guarantee

[ ]  Charitable Incorporated Organisation (CIO)

[ ]  Community Benefit Society

[ ]  Individual

[ ]  Other

**9. If you selected other, please describe**

|  |
| --- |
|  |

**10. Please provide registered number(s) (charity / company etc)**

|  |
| --- |
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**11. Tell us what this funding request is for (up to 20 words) \***

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|  |

**12. Please briefly tell us the aims of your organisation and what you do (between 0 – 300 words)** **\***

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|  |

**13. Please tell us the number of: \***

|  |  |
| --- | --- |
| Trustees / directors / committee / governing body members  |  |
| Full-time and part-time equivalent staff |  |
| Volunteers (excluding those listed above) |  |

**14. Please describe the project, service or activity you are asking us to fund (between 0 – 500 words) \***

|  |
| --- |
|  |

**15. Why is this project, service or activity needed? (between 0 – 300 words) \***

|  |
| --- |
|  |

**16. Who will benefit from this project, service or activity? (between 0 – 100 words) \***

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| --- |
|  |

**17. What difference will your project, service or activity make to the lives of those who take part? (between 0 – 300 words) \***

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| --- |
|  |

**18. How many people do you think will benefit from your project, service or activity? \***

|  |
| --- |
|  |

**19. Where will your project, service or activity take place: region, local authority, city, village, ward? \***

|  |
| --- |
|  |

**20. When do you expect the project, service or activity we are funding to start? (month and year) \***

|  |
| --- |
|  |

**21. When do you expect the project, service or activity we are funding to end? (month and year)\***

|  |
| --- |
|  |

**22. About Money – please tell us what your project, service or activity will cost \***

|  |  |
| --- | --- |
| Total project/service/activity cost | £ |
| How much are you asking for? | £ |

**23. If you are asking for less than the total project/service/activity cost, please tell us where the rest of the funding is coming from and when you hope that it will be secured**

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| --- |
|  |

**24. Budget for project/service/activity \***

|  |  |  |
| --- | --- | --- |
| Item | Amount | Description |
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**25. Please tell us what you think your income will be for the current financial year \***

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| --- |
|  |

**26. Please tell us what you think you will spend in the current financial year \***

|  |
| --- |
|  |

**27. Is there anything else you want to tell us about your finances going forward?**

|  |
| --- |
|  |

**28. Amount of current unrestricted/free reserves \***

|  |
| --- |
|  |

**29. Does your organisation have a bank account \***

 [ ]  Yes

 [ ]  No (please describe below who will hold the funds you have requested)

**30. If your organisation does not have a bank account, please explain who will hold the funds you are requesting**

|  |
| --- |
|  |

**OPTIONAL QUESTIONS FOR FUNDERS TO INCLUDE IN THEIR YCAF**

***(add a red asterix if you want to request that a question must be answered)***

**31. How will your project, service or activity help to meet our aims/priorities?**

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| --- |
|  |

**32. How do you ensure safeguarding for your beneficiaries and team?**

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|  |

**33. Tell us how you will ensure your activities will have mimimal impact on the environment**

|  |
| --- |
|  |

**34. Do you have two unrelated signatories?**

 [ ]  Yes

 [ ]  No

**35. Have you applied to our organisation before?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

**36. Where did you hear about our organisation?**

|  |
| --- |
|  |

**37. Name of bank account into which the funds will be paid**

|  |
| --- |
|  |

**38. Name of bank/building society**

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|  |

**39. Bank account number**

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| --- |
|  |

**40. Bank sort code**

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| --- |
|  |

**Declaration**

Please sign the application form (an electronic copy of your signature is acceptable) in order to confirm that:

* You are authorised to make this application on behalf of your organisation.
* The information provided is accurate and true.
* Your application has been authorised by the governing body of your organisation.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Job title/role/position** |  |
| **Signed** |  |
| **Date** |  |

**Application Checklist - *FUNDER TO SELECT SOME OR ALL OF THE BELOW***

**Please check that the following documents have been included in your submission:**

* Your organisation’s most recent, audited/examined statement of accounts.
* A copy of a recent bank statement.
* A copy of your constitution or governing document.
* A copy of your organisation’s Safeguarding Policy if your work involves children and young people or vulnerable adults.
* Include photos and any additional documents you feel show the work you do.

**Please return your application:**

By email to: XXX

By post: XXX