

 ***St Olave’s Foundation Fund***

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| **Grants for Schools/Youth Organisations****Determining Your Eligibility** |

**(Please ‘Enable’ document before downloading/saving to your device)**

**Before completing the next 4 pages, please answer ALL the questions below and then read the Guidance and Application notes on the Foundation Fund website:** [**www.stolavesfoundationfund.co.uk**](http://www.stolavesfoundationfund.co.uk)

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| 1. Have you read the Fund’s Guidance Notes and Application Requirements?
 | Yes/No |
| 1. Will your project be based in the London Borough of Southwark?
 | Yes/No |
| 1. Are most of the participants under the age of 25 years old?
 | Yes/No |
| 1. Will everyone relevant from your organisation coming into contact with children be DBS checked?
 | Yes/No |
| 5. Are you able to agree to our Privacy and Data Protection Policy and other Terms and Conditions found on the Website? | Yes/No |

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| **If you have answered ‘No’ to any of the above questions, you will not be eligible for a grant from The St Olave’s Foundation Fund and should not complete the application form. Please contact the Foundation for further assistance.** |

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| **If you have answered ‘Yes’ to all the above questions, please proceed to the grant application form below.** |

**Data protection statement**

***Please note:*** *When you complete the grant application form you are expressly consenting to your personal data being held by us in accordance with our*[*Privacy and Data Protection Policy*](http://www.stolavesfoundationfund.org.uk/privacy-policy.html) *to be found on our website. All data entered in the application will be held under the same Policy in accordance with the current General Data Protection Regulations.*

**St Olave’s Foundation Fund**

**Grant Application for Schools/Youth Organisations**

**(Tab across the ‘grey’ areas and type in requested information)**

Please answer **ALL** questions (boxes will expand automatically)

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| **Name of School/Youth Organisation :**  | Name of School/Youth Organisation |

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| **Summary of Grant Request** | **Amount Requested (£)** |
| Brief note of items you are requesting | Amount in £ |

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| **School/Youth Organisation Details:** |
| **Contact person and position :** | Contact person and position |
| **Organisation Address :** | Address 1 |
|  | Address 2 |
|  | Address 3 |
|  | Address 4 |
|  | Post Code |
| **Website address :**  | Website Address |
| **Charity Number (if applicable) :** | Charity No. or N/A |
| **Organisation’s total income if over £25,000:** | Total income if over £25,000 or N/A |
| **Total number of active members in the :organisation**  | Total number of active members in your organisation |
| **Total number of paid staff :** | Number of paid staff |
| **Total number of volunteers :** | Total number of volunteers |
| **Percentage of children on Pupil Premium : (if known)** | Percentage of children on Pupil Premium |
| **Can you confirm you have a child/vulnerable: person protection policy in place (Safeguarding)** | Confirm child/vulnerable person protection policy |
| **Can you confirm that everyone coming into : contact with children/vulnerable people will be DBS checked**  | All contact with children/vulnerable people will be DBS checked |

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| **Project Description** |  |
| **Number of under 25yr olds living in Southwark involved in this project :** | Number of under 25yr olds involved in project |
| **Venue and whether reserved for this project:** | Venue and if reserved for this project |
| **Expected start/finish date :** | start date | to | finish date |

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| **What are the aims and objectives of your organisation? :** |
| Aims & Objectives of Organisation |
| **What the funding will be used for ie. project description:** |
| What the grant will be used for |
| **Why the funding is essential to this project/activity:** |
| Why is funding essential to project |
| **How will you evaluate the goals achieved:** |
| Evaluation of goals met |

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| **Breakdown of Requested Items:**Please give a cost breakdown for the project. Enter all major activities and their projected costs in £  |
| **Items**Detailed description of item(s) you wish to purchase | **Cost (£)**Cost |
|   **Total :** | Total-------------- |

|  |  |
| --- | --- |
| **Contribution from each participant :(if applicable)** | Contribution from each participant/N/A |
| **Total amount from fundraising (if applicable):** | Total amount from fundraising/N/A |
| **Other charities applied to or have been :promised funding from** | Other charities applied to or have been promised funding from |
| **Contributions from other charities :(if applicable)** | Contributions from other charities |

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| **TOTAL grant you are applying for** : | **Total grant you are applying for** |
| **Where did you hear about the St Olave’s : Foundation Fund**  | Details on where you heard about the Foundation Fund |
| **For first time applicants only – Please name and give contact details of two local community or organisation leaders who support your work**  | Two names and contact details of local community/organisation leaders or N/A  |
| **Please confirm that all information given on this form is correct and current at the time of writing :** | Yes/No |
| **Signature:** |  Type name | **Date:** | Today’s date |

Please feel free to attach any relevant supporting information such as reports/photographs etc. when
e-mailing your grant application to us.

Continued …/

**St Olave’s Foundation Fund**

**Additional information to be completed
(Please answer ALL questions)**

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| --- | --- |
| **Name of School/Youth Organisation :**  | Name of School/Youth Organisation |
| **Full legal name of organisation if different from application form above :** | Full legal name or N/A |
| **Correspondence Address if different from the application form :** | Address 1 or N/A |
|  | Address 2 |
|  | Address 3 |
|  | Post Code |
| **Please give your contact details :** | E-Mail Address |
|  | Landline telephone no. |
|  | Mobile number |

**Should your grant application be successful, we will require the following bank details:**

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| --- | --- |
| **The exact school/organisation name on the bank or : building: society account**  | Exact name on bank account |
| **The name of the bank or building society :** | Name of bank |
| **The sort code :** | Sort code |
| **The account number :** | Account number |

After completing **ALL** sections of the grant application process, please resave the document to your device and then e-mail a copy along with your supporting documents to Grants@stolavesfoundation.co.uk within the deadline dates for the Foundation Fund’s quarterly meetings (as stated on our website: <http://www.stolavesfoundationfund.org.uk/> ). Your grant application will be acknowledged.

**Data protection statement - Please note:**

When you complete the grant application form you are expressly consenting to your personal data being held by us in accordance with our [Privacy and Data Protection Policy](http://www.stolavesfoundationfund.org.uk/privacy-policy.html) to be found on our website. All data entered in the application will be held under the same Policy in accordance with the current General Data Protection Regulations.