

**Portsmouth Community Lottery**

**Small grant fund- application form**

**Portsmouth Community Lottery funding panel are able to make awards up to £1,000 for community & voluntary organisations with an annual income of £35,000 or less.**

*If your organisation has annual income in excess of £35,000 you will not be considered -* ***unless*** *you have an active lottery good cause page with* **Portsmouth Community Lottery.**

Funding can be made towards costs to cover the specific outlay of an activity or for the purchase of small items of equipment. Please refer to the **Portsmouth Community Lottery Policy** and the **Portsmouth Community Lottery Guidance Notes** to ensure your application gives all the information needed for the funding panel to make a decision. You can find the Policy and Guidance Notes on the **Portsmouth Community Lottery page** [**Portsmouth Community Lottery**](https://hiveportsmouth.org.uk/portsmouth-community-lottery-1)**,** which is on HIVE Portsmouth website.

The criteria for the Portsmouth Community Lottery funding programme reflect HIVE Portsmouth priorities. Your application should demonstrate how you contribute towards one of the criteria listed in the Portsmouth Community Lottery policy.

**Timescale for funding decisions**

Decisions on funding applications are considered regularly throughout the year. We will let you know if you have been successful within 6 weeks of the application deadline - so please take this into consideration when planning your activity.

DEADLINES FOR RETURN OF FORMS:

The closing date for 2022 applications is as follows:

JUNE 2022: Friday 20th MAY by 5pm – Panel decision 1st June 2022

NOVEMBER 2022: Friday 25th November by 5pm – Panel decision 7th December 2022

JUNE 2023: Friday 26th MAY by 5pm – Panel decision 7th June 2023

NOVEMBER 2023: Friday 24th November by 5pm – Panel decision 6th December 2023

Any applications received after the closing date will be considered at the next panel meeting.

Please return your completed application forms to: grants@hiveportsmouth.org.uk

About your organisation

1. **Name of your Organisation**
2. **Contact details:**

Your organisation's address:

Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

**Contact Name** (please provide the names of two people who are able to discuss the application).

 Main contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Second contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address for correspondence (if different from above):**

1. How would you describe your organisation? *(Please tick appropriate boxes)*

|  |  |  |  |
| --- | --- | --- | --- |
| Voluntary Organisation |  | Social Enterprise |  |
| Community Group |  | Self-Help Group |  |
| Registered Charity |  | Number: |
| Company Limited by Guarantee |  | Number: |
| Other (*please describe*) |  |  |

## In which areas of Portsmouth does your organisation work? Portsmouth Community Lottery funding can only be awarded to support activities for the benefit of residents in the city.

All of Portsmouth 🞏 Neighbourhood 🞏

(please say where)

1. How many people are involved in the running of your organisation?

Committee Members …………. Other volunteers ………….

Do you have any paid staff? Full Time ….. Part Time…..

1. When did your group start? Date of last AGM

## What is your organisation set up to do? What are its overall aims and objectives? What activities or services do you provide? (Max 250 Words)

1. How many people/members does your group/organisation help/support?

**Information about the Grant**

1. What do you want the funding for? Describe the services or equipment it will provide. (Max 300 Words)

## Which one of the criteria outlined in the Portsmouth Community Lottery policy (section 3.3) does your application best fit?

|  |  |  |  |
| --- | --- | --- | --- |
| Community Development and Support |  | Community Development and Support - Older People |  |
| Disability |  | Social inclusion |  |
| Health and Wellbeing |  | Poverty and Disadvantage |  |
| Social Enterprise |  | Social Inclusion |  |
| Supporting Family Life |  | Employment and Labour |  |
| Counselling/advice/Mentoring |  | Racial and Cultural Integration |  |
| Education and Training |  | Sports and Recreation |  |

## How much funding do you require from the Portsmouth Community Lottery?

## £…………

## For organisations who have an active Good Cause page with Portsmouth Community Lottery you are eligible to request up to £2000

## For organisation who do not have an active Good Cause page with Portsmouth Community Lottery you are eligible to request funding of up to £1000 if your annual income is below £35,000 per annum

**FINANCE AND MANAGEMENT**

1. **Please give a breakdown of the estimated costs of the project for which you are seeking funding**

|  |  |  |
| --- | --- | --- |
|  | **Column A** | **Column B** |
| **Project Cost Breakdown** | **Amount from Portsmouth community lottery** | **Total Cost** |
| **Staff Costs**  | **£** | **£** |
|  | **£** | **£** |
| **Premises**  | **£** | **£** |
|  | **£** | **£** |
| **Admin/General Expenses**  | **£** | **£** |
|  | **£** | **£** |
|  | **£** | **£** |
| **Equipment**  | **£** | **£** |
|  | **£** | **£** |
| **Other (*please describe*)**  | **£** | **£** |
|  | **£** | **£** |
| **Total Cost of Project** | **£** | **£** |

1. Will people benefitting from the project be required to make any contribution towards the cost?
2. If the total cost in column B is higher than the total cost in column A please state where the rest of the funding will come from

|  |  |  |  |
| --- | --- | --- | --- |
| Where is the funding coming from?  | How much funding?  | Has this funning been approved? | If you are awaiting a decision when do you expect to know?  |
|  |  |  |  |

1. What was the annual income of your organisation last financial year ?

£…………….

## Does your organisation have a bank account? If yes, please give details

Name of Account:

Bank Address:

Sort Code:

Account Number:

1. **Please provide details of your organisation’s budget for this financial year**

Where does your money come from throughout the year?

|  |
| --- |
| **INCOME (£)** |
| Grants (confirmed) |  |
| Grants (not yet confirmed) |  |
| Sale of goods or services |  |
| Subscriptions / membership fees |  |
| Other Income (please state): |  |
|  |  |
|  |  |
| Total anticipated income for the financial period 2020/21 | A |

|  |
| --- |
| **EXPENDITURE (£)** |
| Salaries / Wages / Staff Recruitment |  |
| Volunteer Costs (expenses, training, etc) |  |
| Venue Costs (rent, heating, lighting, etc) |  |
| General Running Costs (post, phone, insurance, etc) |  |
| Other Costs (please state): |  |
|  |  |
|  |  |
| Total anticipated expenditure for the period 2020/21 | B |

|  |  |
| --- | --- |
| **Total anticipated surplus/deficit for this financial year** **(A minus B)** | **+ / -** |

## Does your organisation have any reserves?

(Financial reserves can be one of three types. General Free Reserves can be used to pay for any activity that furthers your organisation’s aims and objectives. Restricted Reserves are monies that must only be spent on a specific activity e.g. a grant given to buy a photocopier. Designated Reserves are made when your organisation decides to put money aside for a later purpose, e.g. for children to attend a major sports event, but may later choose to use the money for a different purpose, e.g. if the event is cancelled)

# General Free Reserves £………………….

# Designated Reserves £………………….

# Restricted Reserves £………………….

Total Monies Currently at Bank £………………….

###### Please attach the following documents. Failure to do so will make your application ineligible. (wherever possible please provide these documents electronically to speed up your application).

|  |  |
| --- | --- |
| **Last three months bank statements:** this must include all three of the following: account number, sort code and name of the account  |  |
| Latest annual accounts  |  |
| **If you do not have any annual accounts please enclose a copy of one of the following:** |  |
| **Cash Book entries for the last 3 months and/or** |  |
| **Income and Expenditure for the 12 months prior to your application** |  |
| **Additionally:****Two quotes from suppliers -** if you are seeking funding to purchase equipment etc.  |  |

1. **Funding for equipment:**

If you are requesting funding for equipment please can you confirm that you would be willing to share this with other groups if asked to do so by the Lottery Panel?

Yes, I confirm we would be willing to share equipment: …………………(Please tick here).

1. **Does your organisation have the following?**

*Please indicate yes, no, or n/a (not applicable) if, for example, you do not employ staff*

**Insurance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Public Liability Insurance |  | Employers Liability Insurance |  |
| Professional Indemnity Insurance |  |  |  |

**Policies and Procedures:**

|  |  |  |  |
| --- | --- | --- | --- |
| Safeguarding Policy |  | Volunteer Policy |  |
| Equalities Policy |  | Health and Safety Policy |  |
| Disciplinary/Grievance Procedure  |  | Complaints Procedures |  |
| Contracts for paid staff |  | Data Protection and GDPR |  |

## If you have a constitution please enclose it with your application.

**DECLARATION**

**2 signatures are required (one must be a member of the management committee)- these can be scanned signatures so that your application can be submitted by email.**

**Declaration: I confirm that the information provided is true and that my organisation has charitable aims and objectives and is a not-for-profit organisation:**

**Signed: Date:**

**Position in Organisation:**

**Signed: Date:**

**Position in Organisation:**

Please return your completed application form and supporting documents to: grants@hiveportsmouth.org.uk