

**Portsmouth Community Lottery**

**Small grant fund- application form**

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:

 January 2024 – Applications have now closed. Panel decision- w/c 26/02/24

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 |  | Community Interest Company |  |
| Company Limited by Guarantee |  | Charitable Incorporated Organisation |  |
| 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 organisation help/support each year?**

**Information about the Grant**

1. **What do you want the funding for?**

Describe the services, activities or equipment it will provide, how will it be sustainable (Max 500 Words)

## Which of the criteria outlined in the Portsmouth Community Lottery policy

## does your application best fit?

|  |  |  |  |
| --- | --- | --- | --- |
| 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?

## £…………

**FINANCE AND MANAGEMENT**

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

|  |  |  |
| --- | --- | --- |
|  | **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 funding 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:

## Does your organisation have any unrestricted reserves?

Financial reserves can be one of three types.

* Unrestricted reserves can be used to pay for any activity that furthers your organisation’s aims and objectives
* Restricted reserves are funds that must only be spent on a specific activity e.g. a grant given to buy a piece of equipment or a specific activity
* 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

#

# Amount of Unrestricted Reserves for your organisation £………………….

###### 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:1. Cash Book entries for the last 3 months and/or
2. Income and Expenditure for the 12 months prior to your application
 |  |
| **A copy of your governing document / constitution** |  |
| **Additionally:****Two quotes from suppliers -** if you are seeking funding to purchase equipment etc.  |  |

**Please confirm that you have not received a grant from Portsmouth Community Lottery in the last year ** (Please tick here)

If you have received a grant in the last year you are not eligible to apply again for at least one year

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 note that the panel will not consider your application if you do not have the relevant insurance cover and policies and procedures. If you need help with this, please contact grants@hiveportsmouth.org.uk

*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 |  |

**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