

► **BEFORE YOU START**

Please contact the Executive Director to check eligibility and to discuss your funding request: Jo Le Poidevin on jlepoidevin@lloydsbankfoundation.org.uk or 01481 706360

It is important to read these notes prior to completing your application form.

To start your application click on the 'How to apply' button.

Check the box 'Save my progress and resume later' at the top of the form and when returning click on 'Resume a previously saved form'.

It is a web-based form so remember to regularly save.

► **PART 1: CHARITY DETAILS**

REGISTERED CHARITY NUMBER Please provide your charity number gained through the relevant body in Jersey (Charity Commissioner), Guernsey (Guernsey Registry) or for English charities (Charity Commission for England and Wales).

DATE ESTABLISHED Date the charity was registered.

LEGAL NAME OF YOUR CHARITY Outline the name of your charity in full. Any abbreviated formats should be placed in brackets after the full name for example, "Lloyds Bank Foundation for the Channel Islands (LBFCI)".

CHARITY ADDRESS Please complete all fields – building name / number, street, parish/city/town, postcode, island, phone and email address. Website and social channels optional.

CHARITY CLASSIFICATION

Please choose the classification which best reflects the main focus of the work your charity does.

HISTORY & BACKGROUND

Please include a short history and the aims and objectives for the charity.

MAIN ACTIVITIES/BENEFITS

Please include the activities of the charity including the benefits to the lives of the people you support.

DIFFERENCES

(OUTCOMES) You must list under the three outcomes, the most important differences these activities will lead to in the lives of the people you support. For example, moving people into education, training or employment; reducing substance misuse/addictive behaviour; improved physical or mental health.

► **PART 2: DUE DILIGENCE**

TRUSTEES/ VOLUNTEERS/

STAFF To give us an idea of the size of your organisation, please indicate in the boxes provided the number of trustees, how regularly they meet, number of active volunteers and full time and part time staff.

Please tell us the structure of your management structure including names and functions of your Board / Committee and Senior Staff.

If you have links to a national charity, please explain the nature of the relationship with the charity including governance, management, funding and reporting.

POLICIES & QUALITY

STANDARDS Please indicate in the boxes which of the policies and procedures you

have in place. Please note that this is a generic list and not all will be relevant to your charity. List any quality marks and standards held by the charity, or if you are working towards achieving them.

FINANCIAL OVERVIEW

Please complete the boxes showing your income and expenditure, free reserves and restricted reserves for last year, current year, next year. Please use full year, budgeted or forecasted figures.

KEY FINANCIAL

INFORMATION Please include any key information regarding your future application including significant contracts up for renewal, major grant completing, and new tenders. If you have links to a national charity, please state the nature of the financial relationship with the charity.

► **PART 3A: FUNDING REQUEST**

Please indicate whether the total funding you are requesting from the Foundation is below or above £25,000. Funding requests over £25,000 will need to complete PART 3B

WHAT WILL THE GRANT

FUND Please describe what the grant will fund i.e. core operating costs, specific job role, services or activities.

NUMBER OF PEOPLE Please enter the number of people who will benefit per year from the grant.

DIFFERENCE THE GRANT WILL MAKE (OUTCOMES)

You must list under the three outcomes, the most important differences these activities will

lead to in the lives of the people you support. For example, moving people into education, training or employment; reducing substance misuse/addictive behaviour; improved physical or mental health.

If the funding request is for core operating costs the outcomes should be the outcomes listed in Part 1. If the funding request is for specific services/ activities please make sure the outcomes are specific to these services/ activities.

The Foundation will use these outcomes to monitor what difference you have made as part of the grant reporting.

EXISTING OR NEW WORK Please indicate whether this grant application will support existing or new work.

PREFERRED START DATE Please state the day, month and year for when you would like to start spending the grant. Please note you cannot apply for retrospective funding, and the date must not be more than four months from the date of the grant application.

TOTAL FUNDING REQUIRED This figure is for the total funding required from all funding sources, not the figure being requested from the Foundation.

HOW MUCH ARE YOU REQUESTING FROM THE FOUNDATION Please indicate the total amount you are requesting from the Foundation. Then provide a breakdown of costs for multiple year funding requests. Then breakdown under budget headings. Figures to be

rounded to the nearest £100 per year.

FUNDING SECURED/ PENDING Please detail the other funding you have either secured or applied for and is pending a decision which is relevant to this funding request. Sources to include Government, States, Parish and other significant charitable trusts or other supporters.

HOW MUCH DO YOU STILL NEED TO RAISE Please indicate the outstanding amount relevant to this funding request.

► PART 3B: FUNDING REQUEST OVER £25,000 ONLY

NEED Please tell us how you identified the need. Have you carried out research? Consultation with the people you support, other key stakeholders? Have you been asked to provide this service? How will this funding help you address this need? Outline your track record of success in addressing this need.

COLLABORATION Please explain why your charity is uniquely placed to deliver this support. Please explain who your partners are and how you will work collaboratively with them and other similar services.

ACHIEVEMENT & IMPACT Please describe the impact the grant will make to the lives of the people you support or how it will help build the capacity and capability of the charity to deliver more effectively or more.

SUSTAIN If you plan to continue this work beyond the grant funding period, please explain how you plan to do this

and raise the necessary funds. If relevant, please indicate if you have commitment from Government/ States to fund in the future.

► PART 4: SUPPORTING DOCUMENTS

The following documents are required for all funding requests:

Confirmation of charitable status; latest audited accounts; copy of bank statement.

For salary costs: Copy of the job description, person specification including contractual hours and salary level.

For multiple year funding requests: Summary Business Plan (must not be more than four A4 sides).

► PART 5: CONTACT DETAILS

Please complete the full details for your main contact. This is the person who will be the main contact for the application. Please complete the full details for your organisation contact. This person must be a member of the Board or Management Committee and must be an authorised signatory for the charity. The organisation contact must be different from the main contact.

► DECLARATION Please read the declaration. Please note that by submitting the application you are agreeing to the Declaration.

► FUTURE CONTACT OPT-IN STATEMENT Please indicate your communication preferences.