

Grant Application Form Guidance Note



BEFORE YOU START

Please contact the Executive Director to check eligibility and to discuss your funding request:

Jo Le Poidevin on ilepoidevin@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.
- To save your application check the box 'Save my progress and resume later' at the top of the form and when returning to continue completing your application, click on 'Resume a previously saved form'.
- It is a web-based form so remember to regularly save.
- Please note a red asterisk indicates a mandatory field.

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

Select the 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 remember the 35 Grant Programme focusses on three social issues: domestic abuse; employability support for disadvantaged individuals; and mental health and wellbeing. 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 (word count 200).

MAIN ACTIVITIES/BENEFITS

Please include the activities of the charity including the benefits to the lives of the people you support (word count 300).

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 (word count 300).

If you have links to a national charity, please explain the nature of the relationship with the charity including governance, management, funding and reporting (word count 150).

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 (not year to date /actual 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 (word count 250).

PART 3: FUNDING REQUEST

WHAT THE GRANT WILL FUND

The grant is unrestricted - please indicate whether you plan to use it for existing costs, new costs or new costs in response to COVID-19.

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.

NUMBER OF PEOPLE

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

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 the risk of domestic abuse; improving mental health and wellbeing (word count 50).

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

NEED

Please tell us how you have identified the social need and how your charity will address this need? Outline your track record of success in addressing this need (word count 300).

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 / activities (word count 200).

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 (word count 500).

SUSTAIN

Please explain how you plan to raise the necessary funds to continue your work. If relevant, please indicate if you have commitment from Government / States to fund in the future (word count 200).

TOTAL FUNDING

This is the 35 Grant Programme so the funding available is £35,000.

FUNDING BREAKDOWN

Please provide a breakdown of costs: one-off/one year or multiple years (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 4: SUPPORTING DOCUMENTS

The following documents are required for all funding requests:

- Confirmation of charitable status
- Latest audited accounts
- Copy of bank statement
- 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.

TO SUBMIT YOUR APPLICATION

When you have a final draft of your application, please contact Jo Le Poidevin who will review the application prior to submission.

Once your application has been reviewed and is ready for submission, please click the 'Submit' button at the foot of Page 5.

NEED HELP & SUPPORT?

jlepoidevin@lloydsbankfoundation.org.uk 01481 706360

35 YEARS OF IMPACT



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