

Applicant:

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## PRIMARY APPLICANT DETAILS

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Title

Name

Surname

Tel (Work)

Email (Work)

Address

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## Section 1 - Eligibility checks

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**1.1. Would your proposal benefit people living in our Area of Benefit - London Borough of Southwark?**

- Yes  
 No

**1.2. Are you requesting up to £3,000?**

- Yes  
 No

## Section 2 - Contact details

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### PRIMARY APPLICANT DETAILS

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Title  
Name  
Surname  
Tel (Work)  
Email (Work)  
Address

### GMS ORGANISATION

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*No Response*

## Section 3 - About Your Organisation

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**3.1. Which of the following best describes your organisation's status?**

- Registered charity  
 Charitable Incorporated Organisation (CIO)  
 Community Interest Company (CIC) Limited by Guarantee  
 Charitable Company Limited By Guarantee  
 Constituted Organisation / Group (e.g. community group, TRA)  
 Other

**3.1.1. If you selected 'Other', please specify organisational type**

*No Response*

**3.1.2. Please give us your registered charity number, if you have one**

*No Response*

**3.1.3. Please give us your registered company number, if you have one**

*No Response*

**3.2. Does your organisation have a governing document?**

For example:

- Memorandum and articles of association

- Constitution or set of rules

- Yes
- No

**3.3 How many people sit on your board / management committee?**

*No Response*

**3.4. What does your organisation do?**

**Please include who else you work with.**

*No Response*

**3.5. Who does your organisation help?**

*No Response*

**3.6. Does your organisation have a bank account in the organisation's name?**

- Yes
- No

**3.7 Please tell us who runs your organisation and who the key people are, including paid staff (if applicable) and volunteers.**

*No Response*

**3.8. Have your organisation's annual accounts been independently audited or verified?**

- Yes
- No

**3.9 What is your organisation's financial year end date?**

*No Response*

<b>3.10 Annual accounts summary</b>	<b>Most recent year of annual accounts</b>	<b>Previous year of annual accounts</b>
<b>Total incoming resources</b>	<i>No Response</i>	<i>No Response</i>
<b>Total resources expended</b>	<i>No Response</i>	<i>No Response</i>
<b>Surplus/Deficit</b>	<i>No Response</i>	<i>No Response</i>

**3.11 Does your organisation have a safeguarding policy and procedure?**

- Yes
- No

**3.12 Can you confirm that you are following government guidelines to prevent the spread of covid-19 transmission?**

- Yes
- No

### 3.13. How did you hear about the Small Grants Programme?

Please select **one** option

*No Response*

### 3.13. If you selected 'Other', please specify

*No Response*

## Section 4 - About Your Proposal

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### 4.1. Please tell us the name of your proposal for funding

*No Response*

### 4.2. Please describe your proposal for funding

*No Response*

### 4.3. Please tell us why your proposal is needed and what difference it will make.

*No Response*

### 4.4. Please tell us how you will deliver your proposal, for example what activities will take place

*No Response*

### 4.5. Track record

Please tell us about your experience of delivering similar work and what resulted. This may include any successes, and lessons learned when things didn't go according to plan.

*No Response*

### 4.6. Challenges

Please tell us what challenges you think you may face in delivering your proposal.

*No Response*

### 4.7. When would your proposed activities start

If the exact start date is not known, please provide the first date of the month that you anticipate starting your proposed activities.

*No Response*

### 4.8. When would your proposed activities finish

If the exact finish date is not known, please provide the last date of the month that you anticipate completing your proposed activities. If you are awarded a grant, you will be required to complete an end of grant report within one month of completing your proposed activities.

*No Response*

### 4.9. Where would the activities take place?

*No Response*

### 4.10. How many of the following requirements do you expect, or will have in place, at the time of your event?

Tick all that apply

- Event consultation with immediate neighbours
- Event risk assessment, including bad weather, noise, vehicles, fire, electricity
- Health and safety policy & procedure, including first aid & incident reporting
- Insurance cover, including public and employers / volunteers liability

- Performing Rights Society permit - for musical performance or playback
- Permission to use the event venue / close the road for street parties
- Post event clear up arrangements for litter & equipment
- Premises licence / Temporary Events Notice – for entertainment or alcohol
- Private operator licence – for events with 5 or more traders
- Safeguarding policy & procedure, including lost children
- Stewarding arrangements
- Temporary structures licence - for inflatables, marquee, stage or flagpole

**4.10.1. If there are requirements in the question 4.10. above that you have not ticked, please explain why:**

**For advice on where you can get support in meeting these requirements please contact United St Saviour's Charity staff.**

*No Response*

**4.11. How many individual people from Southwark would directly benefit from your proposal?**

*No Response*

## Section 5 - Your Budget

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**5.1. How much will the proposal cost in total?**

*No Response*

**5.2. How much are you requesting from United St Saviour's Charity?**

*No Response*

**5.3. Are you requesting funds from other sources?**

- Yes
- No

**5.4. Please give a breakdown of budget costs. The total of budget costs should equal the amount that you are requesting from United St Saviour's Charity.**

Sessional fees (where relevant) should include the London Living Wage rate.

<b>Budget item</b>	<b>Basis of calculation</b>	<b>Cost</b>
<i>Example: Room Hire</i>	<i>Example: 10 sessions at £25 per session.</i>	<i>Example: £250.00</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
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<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

**5.5. Do you have any feedback on our application form and processes?**

Please tell us whether there is anything you think that we could do to improve this application form.

*No Response*

## Section 6 - Declaration

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### 6.1. Declaration

**I certify that:**

1. The information in this application is true and accurate to the best of my knowledge, and has the consent of my organisation.
2. I understand that the information provided in this form will be stored and used by UStSC for assessment, monitoring, evaluation and communication purposes. Please read our [Privacy Notice](#) for more information on how it will be used.
3. We accept that the charity's decision is final and there is no right of appeal.

**I confirm the above statement.**

Unchecked

**Name**

**Position**

*Please enter your full name.*

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*No Response*

*No Response*

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