Should you require any help with this form or need it in a different format please let us know and we will try to help.

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Charity No. 1114561

**Small Grant Application Form**

Grants are available to support Clubs/organisations/individuals to purchase equipment and/ or encourage Club & youth development; applicants must provide at least 30% match funding and the grants will be limited to £500 maximum. The grants will be given four times a year in September, February, May and November. Applications need to be received at least a month prior to the award month).

Please provide as much relevant information as possible. Your information: Great Yarmouth Sport & Leisure Trust (GYSLT) collects personal information when you apply to us. We will use this information to process the application, maintain records, and, if you agree, to communicate your success through our marketing channels with your consent. (GYSLT) will not share your information for marketing purposes with other companies. For more information explaining how we use your information please see our [privacy policy](https://www.gysportandleisure.com/privacy-policy).

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### DETAILS OF INDIVIDUAL and ORGANISATION

1. **Name of applicant**
2. **Address for correspondence**
3. **Email address and**

**Telephone number**

1. **Club contact person/position**
2. **If approved, please specify correct**

**Club name to whom the cheque**

**should be made payable.**

**NB. Cheques will not normally be made out to an individual.**

**f) How did you hear about the grants?**

1. **DESCRIPTION**
2. **What do you do?**
3. **How many members do you have?**

**3. DETAILS OF GRANT APPLICATION**

1. **What is the grant for?**
2. **How would the grant help you/**

**your organisation?**

1. **What is the total cost of your**

**project / activity / equipment**

1. **You are only allowed to apply**

**for a grant to cover upto 70%**

**of the total cost of your project /**

**activity / equipment. How much**

**grant money do you wish to apply**

**for?**

1. **You have to contribute a**

**minimum of 30% of the total project/**

**activity/equipment cost from your**

**own funds or from other sources**

**of funding. How much will you**

**be contributing?**

1. **Please give a breakdown of costs**

**(eg list what you wish to**

**purchase and how much it will cost)**



1. **BENEFIT TO YOU/YOUR ORGANISATION/COMMUNITY**
   1. **What do you or your or**

**organisation hope to**

**achieve through this grant?**

* 1. **Please show how the grant**

**money would benefit other**

**members of your organisation**

**and the community. We will require**

**feedback on the outcomes of your**

**grant**

**c) You or your organisation will be**

**required to participate in publicity**

**arising from the award of the**

**funding with no recompense.**

**Please state here if there are any concerns.**

**d) Please state the relevant website**

**address and social media channels**

**that we can follow and support**

**e) When is the grant needed?**

### 5. FINANCIAL DETAILS (for organisations only)

**If your organisation has audited accounts, you may be asked to provide a copy.**

**If not, please provide the following details:**

1. **How is your organisation**

**funded?**

1. **What is your current bank**

**balance?**

1. **What is your average**

**annual income and**

**expenditure?**

1. **Do you have any reserves**

**(deposit account)?**

If yes, please give details.

#### 6. OTHER SOURCES OF FUNDS

1. **Do you have any? Or**

**approaching any other**

**grant giving bodies?**

If yes, please give details,

including the amount of any

grant already awarded.

1. **Will you be carrying out any**

**further fundraising?**

If yes, please give details.

### 7. SUPPORTIVE INFORMATION

**Please use this space to provide any additional information which may help us to reach a decision on your application. If you need to, please use 1 x A4 sheet only *if* you need extra space.**

**NAME (capitals)**

**SIGNED**

**DATE**

Successful applicants are required (when asked) to submit accounts and invoices relating to the grant within 28 days Cheques not cashed within 4 months will be withdrawn. The decision of the GYLST is final and no communication will be entered into.

**FOR OFFICIAL USE ONLY:**

Code:

Date Received:

Approved/Rejected:

Amount: ­

Date Paid:

Amount Paid:

**PLEASE RETURN THE COMPLETED FORM**

**AND ANY SUPPORTING DOCUMENTS TO:**

GYSLT

c/o Pleasure Beach

Beach Parade

Great Yarmouth  
Norfolk NR30 3EH

*Please note this office will* ***not*** *answer queries regarding applications*