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 Charity No. 1114561

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.

Are you a Group or Team? We need you to complete and sign our **Criteria Sheet** (pages 2 and 3 of this document)

Then please complete the **Small Grant Application Form.**

Are you an Individual? We need you to complete and sign our **Criteria Sheet** (page 4 of this document)

Then please complete the **Small Grant Application Form.**

**Criteria for Group/Team Grant Applications**

**Please complete this checklist before beginning your Small Grants application.**

**Most questions need a “yes” answer to be eligible.**

Name of club ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charity No. (if relevant) \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | MARK YES |
| 1. Do you live in the Borough of Great Yarmouth or take part in sporting activity within the GY Borough? |  |
| 2. Does your group have a constitution or governing document? |  |
| 3. Will your project increase active participation in sports and physical activities, especially among individuals and groups with currently low rates of participation in sport and physical activity? |  |
| 4. Do you have a proven track record and/or ability to attract, engage and support participants, especially those who are new to sport and physical activity? |  |
| 5. Is the project needed and wanted by the wider community? |  |
| 6. Have local people been involved in the projects development and are there plans to keep them involved once the awards have been made? Consultation with the community is a good way of providing evidence of this. |  |
| 7. Does your group have a committee structure of more than three unrelated people? |  |
| 8 **Does your committee hold the following basic policies:** |  |
| Child and vulnerable adult policy |  |
| Equality and diversity policy |  |
| Bullying and harassment policy |  |
| Safe recruitment of volunteers and users |  |
| Code of conduct policy |  |
| Financial management policy |  |
| Conflict of interest policy |  |
| Grievance procedure |  |
| Data protection policy |  |
| 9. Do you have realistic plans for sustaining the project into the future? Will sufficient revenue be generated to keep the project running and well maintained for years to come? This may include setting up a reserve fund and evidence of a marketing plan. |  |
| 10. Does your organisation produce annual accounts? |  |
| 11. Does your group hold a bank account which requires two signatures on each cheque/transaction? |  |
| 12. Do you have an achievable plan for monitoring and evaluating your progress and reporting to us on the results? |  |
| 13. Will you be able to demonstrate that the equipment will have a lasting impact and reasonable lifetime of usage |  |

**Signed by two committee members:**

**Name:** ……………………….. **Signature:**……………………………………

**Position in the Group:** ………………………..

**Name:** ……………………….. **Signature:**……………………………………

**Position in the Group:** ………………………..

**Criteria for Grant Applications for Individuals**

**Please complete this checklist before beginning your Small Grants application.**

**Questions 1-3 must answer yes to be eligible.**

|  |  |
| --- | --- |
|  | MARK YES |
| 1. Do you live in the Borough of Great Yarmouth or take part in sporting activity within the GY Borough? |  |
| 2. If your application is successful will you be able to encourage other people to take part in sport or physical activities by making yourself available for publicity?  |  |
| 3. Do you have an achievable plan for monitoring and evaluating your progress and reporting to us on your success? |  |
| 4. Have you tried for funding elsewhere?If yes, please explain who else you have asked |  |
| Please explain why you feel the Trust should sponsor you in the space below: |

**Signed:**

**Name:** ……………………….. **Signature:**……………………………………

**Date:**

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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://static1.squarespace.com/static/5a2548f332601ee519c43f08/t/5b8522474ae23726e2de05ed/1535451724762/GYSLT%2BPrivacy%2BPolicy%2B280818.pdf)

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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 up to 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**

**(e.g. 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:** contact@gysportandleisure.com

or

GYSLT

c/o Pleasure Beach

Beach Parade

Great Yarmouth
Norfolk NR30 3EH

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