THE WEAVERS' COMPANY

Grant Application Form

Organisation Details

Name of Organisation		
Charity Registration Number		Please leave empty if **NOT** registered

Address

Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Web address	

How did you hear about the Weavers' Benevolent Fund? If other, please specify	Choose an item.
If you have previously been awarded a grant, please state how much and when	

Contact

- Provide contact details for the person we should be in touch with regarding this application

Title				
First name				
Last name				
Position				
Telephone numbers	Office		Mobile	
Email				

Project Overview

- Provide a summary of your project, indicate which programme you are applying for funding from, and note the amount requested. Details about the two programmes are in our guidelines

Title of Project		
Please summarise your project **(max 100 words)**		
Which programme are you applying for funding from?	☐ Small Grants Programme	£
	☐ Main Grants Programme	£

About Your Organisation

What are your charitable objectives? **(max 100 words)**	
How many staff do you employ?	Choose an item.
How many volunteers are involved in your work?	Choose an item.

Finance

- We will review the latest accounts publicly available on the Charity Commission website
- If you are **not a registered charity, you must attach your latest Audited Accounts**
- The following questions relate to your organisation's financial details for the year ahead

When is your current financial year end?	
What are your current **restricted** reserves?	
What are your current **unrestricted** reserves?	
Planned expenditure, year ahead	
Planned income, year ahead	
Is there any additional information you wish to provide regarding your finances, with particular reference to any overspend / free reserves? **(max 100 words)**	

Purpose of Grant

- The following questions relate specifically to the project for which you are seeking funding

Describe the aims of the project and how it will be delivered **(max 250 words)**	
Which of our funding areas will the project benefit? **If a specific group, please specify**	☐ Supporting offenders and ex-offenders ☐ Helping specific groups with the criminal just sector ☐ Supporting young people
How many people will benefit?	Choose an item.
What age group will benefit? **(select one or more)**	☐ Primary, up to age 11 ☐ Secondary, 11 to 16 years old ☐ Young Adults, 17 to 25 years old ☐ Adults over 25
Where will the project take place?	
When will the project start?	
If the project will involve other organisations, please tell us who they are.	

Impact & Monitoring

What will 'good' and 'excellent' look like? Please identify the specific outcomes that will have been achieved when the project is successful. **(max 250 words)**

How will the project be monitored and evaluated? **(max 250 words)**

Project Costs

- Please attach a simple budget in table form for the project for which you are seeking funding. It should show planned income and expenditure (including sources) and identify which income is confirmed or pending.

Total cost of the project	
Amount raised to date	
How much is requested from the Weavers'?	
What is funding required for?	☐ Pump Priming ☐ Continuation Costs ☐ Core Costs ☐ Project Costs
Please list other organisations you have applied to stating amounts requested and estimated funder decision dates.	

Additional Information

- If you would like to add anything else in support of your application, please do so below

Signed:		**Date:**	

When completed, please print, attach your Project Budget, and return both by post to:

Anne Howe
Charities Officer
The Weavers' Company
Saddlers' House, Gutter Lane, London EC2V 6BR
(Tel: 0207 606 1155)