Full Application Form SGMT
Form Preview

Introduction

* indicates a required field

Before completing this online application form, grant seekers should have first completed the Sir George Martin Trust's brief Expression of Interest form.

Some information from your Expression of Interest form has been automatically transferred to this form to save you time and can be edited here. All this information will be seen by the Sir George Martin Trust.

If you need any additional support or guidance, don't hesitate to contact our Trust Manager, Carla Marshall at info@sirgeorgemartintrust.org.uk or 07967 321594. *Please remember to save your answers in the form as you go along - you will be reminded when you complete each page.*

For our top tips on completing the application follow the link.

We wish you the best of luck with your application!

For further information on applying the Sir George Martin Trust, grant seekers should review this page on the Trust's website https://www.sirgeorgemartintrust.org.uk/how-to-apply/

Privacy Notice

We are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when applying for a grant then you can be assured that it will only be used in accordance with our privacy policy.

Eligibility Confirmation

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

- Applicants must be a West Yorkshire-based registered charity or CIO (Charitable Incorporated Organisation) with a head office/Charity Commission main address in West Yorkshire and working with predominantly West Yorkshire residents.
- National charities or charities which have a head office located in another part of Yorkshire can no longer apply.
- In order to maintain a high grant success rate (around 50% of all enquiries), the Trust currently does not accept applications from:
    - Any community groups or organisations not registered with the Charity Commission
    - Churches which are not a registered charity
    - CICs (Community Interest Companies)
    - Community Benefit Societies
    - Co-operative Societies
- Applicants must support economically and socially disadvantaged local people in West Yorkshire.

- Applicants must have less than a £1million income (based on their last financial year's accounts).
- Your organisation is committed to ensuring a safe culture for its staff, volunteers and beneficiaries.

You must confirm that all statements above are true and correct *
○ Yes

Organisation Details

* indicates a required field

Contact Details

Please edit if your primary contact person has changed.

Organisation Name *

First Name *

Last Name *

Job Title/Role/Position *

Email *

Secondary Contact Name
First Name Last Name

Secondary contact email
Must be an email address.

Organisation Information

What region does your organisation mainly work in? *
○ Across Yorkshire
○ Across West Yorkshire
○ Calderdale District

- ○ City of Bradford District
- ○ City of Leeds District
- ○ City of Wakefield District
- ○ Kirklees District

Please select your organisational structure *

- ○ Registered Charity
- ○ Charitable Incorporated Organisation (CIO)
- ○ Charitable Company Limited by Guarantee
- ○ Other:

Organisation Website

Charity Commission Number

Companies House Registration Number

Social Media

Do you have any communication needs? (e.g. BSL, large print)

By entering information in the box above you give your consent for the Sir George Martin Trust to hold this information. See Privacy Notice for more information www.sirgeorgemartintrust.org.uk/how-to-apply/

Please select the category that best describes your organisation *

Please briefly tell us the aims of your organisation and what you do *

Recommended up to 200 words.

Please tell us the number of full-time staff *

Must be a number and at least 0.

Please tell us the number of part-time equivalent staff *

Must be a number and at least 0.

Please tell us the number of volunteers (excluding those listed above) *

Must be a number and at least 0.

Please tell us the number of trustees (ensure this matches with what is featured on your Charity Commission page and Companies House if relevant to you) *

Must be a number.

How does your organisation ensure safeguarding for its beneficiaries and team? *

Must be no more than 300 words.

Application Details

* indicates a required field

Q1. Name of project/activity/service *

Q2. Please describe the project, service or activity you are asking us to fund. *

Up to 100 words recommended.

Q3. Why is this project, service or activity needed? *

Up to 200 words recommended.

Q4. Please tell us who the funding will help *

- ○ All ages and intergenerational
- ○ Mainly under 18s
- ○ Mainly older people (over 60)
- ○ Mainly women
- ○ Mainly LGBTQIA+
- ○ Mainly people with disabilities
- ○ Mainly ethnically minoritised people

This question is in relation to your beneficiaries.

Q5. What difference will your project, service or activity make to the lives of those who take part? *

Up to 300 words recommended.

Q6. How many people do you think will benefit from your project, service or activity? *

Must be a number.

Q7. If you would like to, please tell us more about your beneficiaries.

Up to 200 words recommended.

Q8. Where will your project, service or activity which you are requesting funding for take place? *

- ○ Across Yorkshire
- ○ Across West Yorkshire
- ○ Calderdale District
- ○ City of Bradford District
- ○ City of Leeds District
- ○ City of Wakefield District
- ○ Kirklees District

Q9. Expected start date of activity/project/service: *

Q10. Expected end date of activity/project/service: *

Q11. Do you have all the relevant policies and insurance needed for what you are asking us to fund? *

- ☐ Yes
- ☐ No

Budget and Funding

* indicates a required field

What will the funding you are requesting mainly be used for? *

- ☐ Advice and information support
- ☐ Art, music or drama activities
- ☐ Education & core life skills support
- ☐ Food provision
- ☐ Improvements to buildings/facilities/outside space
- ☐ Mental health and emotional support
- ☐ Organisational core running costs support
- ☐ Physical activity
- ☐ Providing equipment/items for beneficiaries

☐ Social activities that bring people together
☐ Supporting/empowering other organisations or community groups
☐ Helping to build safer community
No more than 2 choices may be selected.

What is the type of funding you are requesting? *

Project/Service/Activity Cost *

What is the total budgeted cost of your project/service/activity?

Amount Requested *

What is the total financial support you are requesting in this application?

Project Budget

Expenditure Item	Expenditure amount	Expenditure Description (provide more detailed information if you wish and include in-kind contributions if relevant)

Expenditure Total

Financials

Please tell us what you think your income will be for the current financial year *

Please tell us what you think you will spend in the current financial year *

Please tell us why a grant at our next meeting is vital for your charity and share anything else you want to tell us about your finances going forward and/or the fundraising for this project or area of work you would like us to fund? *

Amount of current unrestricted/free reserves *

Unrestricted/free reserves are the funds available which aren't tied to a specific project or purpose.

Where did you hear about our organisation?

Please upload your organisation's most recent, audited/examined statement of accounts *
Attach a file:

If you are a new charity without a first set of accounts, please send your organisation's income and expenditure for the last financial year AND an income and expenditure forecast for the current financial year
Attach a file:

Please upload a copy of a recent bank statement - ideally from the last month or two before the date you submit your application *
Attach a file:

Please upload any photos and any additional documents you feel show the work you do.
Attach a file:

Organisation Bank Account Details

Name of bank/building society *

Bank Account: *
Account Name

Account Number

Must be a valid bank account format.

Bank sort code *

Declaration

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Please confirm that:

- You are authorised to make this application on behalf of your organisation.
- The information provided is accurate and true.
- Your application has been authorised by the governing body of your organisation.

I confirm the above is true *
☐ Yes

Name *
Title First Name Last Name

Job title/role/position *

Date *
Must be a date.