**Application Form**



**Refugee & Asylum Seeker Communities Small Grants**

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| --- | --- |
| **Name of Applicant**  *(Group or Organisation)* |  |

|  |  |
| --- | --- |
| **Contact Address**  *(For Correspondence)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Phone No.** | **Home** |  | **Mobile** |  |

|  |  |
| --- | --- |
| **E mail address** |  |

|  |  |
| --- | --- |
| **Description and aims**  **of your organisation**  *What do you do?*  *What services do you*  *deliver?*  *Which communities*  *do you support?* |  |

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| What would you like funding for? |  |

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| **Who will benefit?**  *How many people?*  (If you don’t know, please estimate) |  | How many refugees or asylum seekers will benefit from this funding? |  |

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| **Needs identified**  *How do you know*  *people need your*  *project/activity?* |  |

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| **Difference made**  *What difference will*  *your project/activity*  *make to your*  *community? Please include how it will help your future development* |  |

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| **What will the funding do?**  *Please tick any that apply* | Support Volunteering projects |  |
| Fund ESOL/conversation classes |  |
| Support an integration project |  |
| Raise awareness of needs of refugees and asylum seekers |  |
| Develop the group’s capacity, e.g. room hire, volunteers expenses, development of the group |  |
| Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount requested** |  | **Total Cost of Project** |  |  |

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| **Other funding** Not needed |  | In place |  | Applied for |  |

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| **Budget Summary** *List what items you are requesting funding for.*  *Single items over £250 require 2 quotes* | **Item** | **Amount** |  | **Item** | **Amount** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of person completing form Name** |  | **Signature** |  |

|  |  |
| --- | --- |
| **Position in group** |  |

|  |  |
| --- | --- |
| **Contact details of**  **another person in**  **your organisation** | **Name:**  **Email:**  **Mobile:**  **Position in Group**: |

**Do you have Public Liability Insurance?** …………………

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| **IMPORTANT NOTE:**  Please include the following documents with your applica**tion**:   * **Constitution** * **Equality & Diversity policy** * **Most recent annual accounts** * **Safeguarding Policy** | If you do not have these documents, please contact:  Debbie Royle – COI Partnership Development Coordinator,  Tel: 0115 9601230, E-mail: [Debbie.royle@nottsrefugeeforum.org.uk](mailto:Debbie.royle@nottsrefugeeforum.org.uk)  OR  NCVS Group Support:, Tel: 0115 9348405  E-mail: [groupsupport@nottinghamcvs.co.uk](mailto:groupsupport@nottinghamcvs.co.uk) |



**BANK DETAILS**

|  |  |
| --- | --- |
| **Name of Group**  *(Please complete)* |  |

Grants are paid by BACS Transfer directly into your organisation’s bank account. Please ensure the details you give below are correct or payment of your grant may be affected.

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| --- | --- |
| Name of Bank |  |
|  |  |
| Bank Address |  |
|  |  |
|  |  |
| Post Code |  |
|  |  |
| Bank Sort Code |  |
|  |  |
| Account **NAME** to be credited |  |
|  |  |
| Account **NUMBER** to be credited |  |
|  |  |

Please return this form to: **Debbie Royle**

**Partnership Development Coordinator**

**NNRF**

**The Sycamore Centre**

**33a Hungerhill Road**

**Nottingham**

**NG3 4NB.**

**Email:** [Debbie.royle@nottsrefugeeforum.org.uk](mailto:Debbie.royle@nottsrefugeeforum.org.uk)