**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**  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.ukORNCVS Group Support:, Tel: 0115 9348405E-mail: 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.

|  |  |
| --- | --- |
| 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