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| A picture containing icon  Description automatically generated | Deciding Together Local Fund for York |  |

# Application Form

**1. contact name & Details**

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| --- | --- | --- | --- | --- |
| Full Name |  | | |  |
| Name of your organisation (if applicable) |  | | |  |
| Address |  | | | |
|  | Postcode: |  | |
| Daytime telephone number |  | Evening telephone number |  | |
| Email address: |  | | | |

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| If you are applying as an organisation. What type of organisation are you? (Select as many as appropriate) | Registered Charity |  | Charity number | |  |
|  | Company limited by guarantee |  |  | | |
|  | Charitable Incorporated Organisation |  | CIO Number |  | |
|  | Unincorporated Club or association |  |  | | |
|  | Community Interest Company |  |  | | |
|  | Other |  |  | | |
| Organisations annual income for last financial year |  | | | | |

**Please let us know more about your idea by answering the following four questions.**

**2. your idea**

Guide for how much to include.

* Small Grants: upto 200 words per question.
* Large Grants: no more than 400 words per question.
* Film: 1 minute per questions

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| * 1. **What do you want to address?**   *What is the need/opportunity/issue that you have identified.* |
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| * 1. **Tell us about your idea and how you will approach it?**   *Please keep in mind the aim of this fund to explore, understand, question and change systems that perpetuate disadvantage in York.* |
|  |
| * 1. **Tell us what difference you hope your idea will make.**   *Tell us how this impacts the need/opportunity/issue you hope to address.*  *Please keep in mind the aim of this fund to explore, understand, question and change systems that perpetuate disadvantage in York.* |
|  |
| * 1. **Who else is involved in your idea, and how are they involved?**   *If you are working in partnership, pleae tell us who you will be working with and who is the lead organisaiton.* |
|  |
| * 1. **How much money do you need? What do you think you will spend it on?**   *You do not need to provide a very detailed budget – although you are welcome to. Please provide as much information as you feel would support us to understand how your idea might be resourced.* |
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**3. beneficiaries**

|  |  |  |  |  |  |
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| **Beneficiaries**  Please select a single option to represent the primary beneficiary group for this grant by inserting the number ‘1’ in the appropriate box  Please list any other beneficiary groups who will benefit from your grant by inserting the number ‘2’ in one or more boxes | | | | | |
| Black, Asian and minority ethnic |  | Long-term unemployed |  | People with mental health issues |  |
| Carers |  | Men |  | People with multiple disabilities |  |
| Children and young people |  | Not in education, employment and training (NEET 16-24) |  | People with physical disabilities |  |
| Ex-offenders/offenders/At risk of offending |  | Older people |  | People living in poverty |  |
| Families/Parents/Lone parents |  | People with alcohol/drug addictions |  | Refugees/asylum seekers /immigrants |  |
| Homeless people |  | People in care or suffering serious illness |  | Victims of crime/violence/abuse |  |
| Lesbian, gay, bisexual and transgendered groups |  | People with learning difficulties |  | Women |  |
| Local Residents |  | People with low skill levels |  |  |  |

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| **Ethnicity**  Please select a single option to represent the primary ethnic group for this grant by inserting the number ‘1’ in the appropriate box  Please list any other ethnic groups who will benefit from your grant by inserting the number ‘2’ in one or more boxes | | | | |  |
| White |  | Mixed |  | Asian and Asian British |  |
| White British |  | Black Caribbean and White |  | Indian |  |
| White Irish |  | Black African and White |  | Pakistani |  |
| White East European |  | Black and Black British |  | Bangladeshi |  |
| White Gypsies and Travellers |  | Caribbean |  | Other Asian |  |
| Other White |  | African |  | Other Mixed Ethnicity |  |
| Chinese and other group |  | Other Black |  | All ethnicities |  |
| Chinese |  | Asian and White |  |

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| **Age Groups**  Please select a single option to represent the primary age group for this grant by inserting the number ‘1’ in the appropriate box  Please list any other age groups who will benefit from your grant by inserting the number ‘2’ in one or more boxes | | | | | |
| 0 to 4 |  | 5 to 12 |  | 13 to 18 |  |
| 19 to 25 |  | 26 to 65 |  | Over 65 |  |

**Privacy Notice for Grants**

Two Ridings Community Foundation takes personal data protection seriously.

Personal data provided in this application form will be used to assess and administer the grant application.

We request personal data about you because we may need to use this data for identification, debt tracing and the prevention of money laundering.

You may be contacted by us to discuss the application. This enables us to request further information in regards to the application and supports the decision making process. We will notify you of the outcome of your application and if the application is successful you will be contacted on an ongoing basis, as is appropriate for the administration of the grant.

Personal data collected through the application process may be shared with our volunteer assessors (in order to evaluate your application), our funders (for reporting and publicity purposes) and grants panel members to consider your request for support.

If you are providing any personal data about another person in this application form, you are confirming that they understand how their data may be used, stored, and shared.

You have certain rights when it comes to your personal information. This includes the right to access and correct your information, to erase, transfer, object, restrict or withdraw consent around how we use your information. Please contact us if you or anyone named in your application have any concerns about how your information is used, stored or shared or if you wish to exercise any of these rights.

Retention Information on your personal information

Successful Applicants will have their data stored for 7 years (our reason for processing this will be contractual). This enables us to comply with our financial procedures.

Unsuccessful Applicants will have their data stored for 2 years (our reason for processing will be under legitimate interest). This enables us to gather statistical data relating to our grant awards.

I hereby give consent for Two Ridings Community Foundation to hold my information and I understand why my data is needed, how the data is stored, and how it is shared. (please tick)

1. **Declaration**

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| I confirm that the information given on the application form is true and (if applying on behalf of an organisation) my organisation has formally agreed that I can act on their behalf.  Two Ridings Community Foundation would like to follow up on successful applicants and potentially feature them in publicity activities. Please tick this box to confirm that you are willing to take part in, where appropriate, any publicity activities.  We would like to keep in touch regardless of the outcome of your application as we may have other opportunities that we would want to let you know about. Please tick this box if you are happy for us to contact you.  We would also like to be able to share your data with other funders or infrastructure support organisations who may be able to help. Please tick this box if you are happy for us to contact you or share your data for this purpose. | | | |
| Signed |  | Date |  |
| Print |  |  |  |