**Refugee & Asylum Seeker Communities of Identity**

**Small Grants Fund**

**Application Form**

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

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

|  |  |
| --- | --- |
| **Name of Main Contact** |  |

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

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

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| --- | --- |
| **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?**  *Give as much detail as possible - Include number of sessions/times*  ***Show how this is a change from how you previously worked*** |  |

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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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| **Amount requested** |  |

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| **Please give details if you have applied for funding elsewhere towards this project** |  |

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

**Have you received funding from the Refugees & Asylum Seekers Communities of Identity Small Grants Fund before?** Yes/No

Date and amount:…… …………….

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

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

|  |  |
| --- | --- |
| **Contact details of**  **another person in**  **your organisation** |  |

**Are staff or volunteers working with children or vulnerable adults DBS checked?...** …

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

**Date of application**………..

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| **IMPORTANT NOTE:**  Please include the following documents with your application:   * **Constitution** * **Equality & Diversity policy** * **Most recent annual accounts/statement of income/expenditure** * **Safeguarding Policy** | If you do not have these documents, please contact:  Josh Aspden – COI Partnership Development Coordinator,  Tel: 07375068512 , E-mail: [coi.josh@nottsrefugeeforum.org.uk](mailto:coi.josh@nottsrefugeeforum.org.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 |  |
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|  |  |
| Post Code |  |
|  |  |
| Bank Sort Code |  |
|  |  |
| Account **NAME** to be credited |  |
|  |  |
| Account **NUMBER** to be credited |  |
|  |  |

Please return this form to: [Debbie.royle@nottsrefugeeforum.org.uk](mailto:Debbie.royle@nottsrefugeeforum.org.uk)