



WOMEN'S VOTE CENTENARY GRANT SCHEME SMALL GRANTS - ROUND 2 APPLICATION FORM

SECTION ONE - ABOUT YOUR ORGANISATION 1. What is the legal name of your organisation? This should be the same name as specified in your governing document. 2. If your organisation has a name it uses on a day to day basis that differs from the legal name of your organisation please tell us here. Some organisations use a different name for their day-to-day activities, for example an abbreviated version of their legal name or trading name. Leave this section blank if this does not apply to you. 3. What is the main/registered address of your organisation? 4. How would you describe your organisation? We are interested in what type of organisations are applying for this funding. Please select the one option that is closest to how you would describe your organisation. □ Voluntary/community group ☐ Cultural or arts ☐ Heritage organisation ☐ Sports organisation

☐ Faith-based organisation, including places of worship

5. WI	hat is the legal status of your organisation?
	hould select the option that applies to your organisation. <u>If more than one options, please select multiple options</u> . Please also tell us your registration number,
	ave one, in the box.
	Unregistered organisation
	ct this option if your organisation is not registered. If your organisation is no tered, you must provide a copy of your governing document.
	Charity registered with the Charity Commission
Regis	stration number:
Seled	ct this option if your organisation is a registered charity, charitable trust
chari	table company or charitable incorporated organisation
chari	Company or charitable incorporated organisation Company registered with Companies House
□ Regis	Company registered with Companies House
□ Regis	Company registered with Companies House stration number: ct this option if your organisation is a registered social enterprise, company
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Regis Select with the Select Select opera	Company registered with Companies House Stration number: Cot this option if your organisation is a registered social enterprise, company charitable aims or community interest company. Community Benefit Society or Co-operative Society Stration number: Cot this option if your organisation is a Community Benefit Society or Co-ative Society and is registered with the Financial Conduct Authority.

Registration number: Select this option if your organisation is a further education college or university.
If your organisation is unregistered you must provide a copy of your governing document, such as a constitution or memorandum of articles and association. A governing document should outline the rules that govern your organisation, including what it is set up for and how it is run.
6. What is your organisation's annual income?
Tell us the approximate total income of your organisation at the end of your last financial year. For most organisations this will be your income during the year ending 31 March 2017. If you are a new organisation, please put £0.
SECTION TWO - ABOUT YOUR ACTIVITIES 1. What would you like to do? (300 words maximum)

Please describe the activities you will deliver with this funding and how the activities will lead to more people celebrating or being inspired by 100 years of women's suffrage. Please see the guidance for small grants.

How many people do you expect to take part?	
ease tell us how many people you think will attend or take part in your activitie u do not know, please provide an approximate figure.	s. It
Who will benefit from your project? (200 words maximum)	
Il us about the people who your activities are targeted at. If your project is for	the

Tell us about the people who your activities are targeted at. If your project is for the whole community, that is fine, but if your project is targeted at a specific group of people, please tell us who.

We are particularly interested in activities that target people who are underrepresented in civic life, including women, young people, Black and minority ethnic (BME) people, people living with a disability, lesbian, gay, bisexual and Trans (LGBT) people and people from lower socio-economic backgrounds.

4. When will you start your activities and how long will they run for?

Start date: Click to enter a date End date: Click to enter a date

Activities should be either one-off or for a limited time only, and should start no later than 31 August 2018.

5. Where will your activities take place?	
If your activities will take place in more than one location please tell us who majority will take place.	ere the
a. Please tell us the local authority where your activities will take place.	
b. Please tell us the Parliamentary constituency within which your activity will take place.	ties
The UK Parliament runs a helpful website where you find constituency inform	mation:

http://www.parliament.uk/mps-lords-and-offices/mps/.

SECTION THREE - ACTIVITIES BUDGET AND BANK DETAILS

1. How much grant are you applying for?

lines.

Costs	Amount from us £	
E.g. room hire	E.g. £150	
Total		

If you have a more detailed budget that you will use for planning your activities, that is fine, but we do not need to see it.

For this application form, please keep your budget simple and use headings such as 'volunteer expenses', 'room hire' or 'refreshments'. You are not able to add additional

Remember, the Women's Vote Centenary Fund Grant Scheme must be the only funder for your activities. Please see the 'Guidance for Small Grants' for information on the costs we will not fund.

Bank Details

Applicants must have a bank account that matches the applicant organisation name. Please provide the bank account number and sort code into which you want the grant to be paid (if you are successful).

Name of Account Holder:	
Bank / Building Society Name:	
Sort Code: e.g. 00-00-00	
Account Number: e.g. 12345678	
Roll Number: (if applicable)	

- You must send us a copy of a recent (dated within the past three months) bank statement for this account along with this application form.
- It is a requirement that your bank account has at least two unrelated signatories.
 Please confirm below that you meet this requirement.
- □ Bank account has at least two unrelated signatories

SECTION FOUR - CONTACT INFORMATION

Main contact

We will contact this person if we have any questions or require further information about your application or activities.

Title:	Click to select a title	
First name:		
Surname:		
Position in organisation:		
Phone number:		
Email address:		
Responsible perso	on	
This should be a dif	fferent person to the main contact and someon	e who has a senior
members. If you ar	or community group it should be one of your tru e a registered company it should be one of yo ge or university it should be the head teache	our directors. If you
Title:	Click to select a title	
First name:		
Surname:		
Position in organisation:		
Phone number:		
Email address:		

SECTION FIVE - DECLARATION

This should be completed by the responsible person.

Tick the boxes to confirm you agree that:

	You are authorised by your organisation's governing body to submit this application and agree to the terms and conditions of the grant.
	All of the information provided is accurate and true to your knowledge, and you will notify us if anything changes.
	You understand that the personal data you have provided will only be used under the terms of the Data Protection Act.
	If information about this application is requested under the Freedom of Information Act, we will release it in line with our Freedom of Information Policy.
Pleas	e also confirm that you have provided:
	A copy of your governing document if you are an unregistered organisation.
	A copy of a recent bank statement (less than three months old).
Nam	e:
Posit	ion:
Date	

We strongly encourage you to submit your application online at www.womensvotecentenaryfund.co.uk.

If there are any issues with the submission please contact us at womensvotecentenaryfund@ecorys.com.