



Sport Relief Community Cash Grant Application Form

BIRMINGHAM Mail

Who will benefit

3.1 Approximately how many beneficiaries will there be _____

Other Beneficiary groups who will benefit, (please tick all that apply)

- Children & Young People Women People with mental health disabilities Older People People in Rural Areas
 BME groups Lesbian, Gay, Bi-sexual & Transgender groups People with physical disabilities Others (please state):

3.3 Primary ethnic group

Enter into the box below a single option from the list below. This should represent the primary ethnicity group that will be addressed by this grant

Other ethnic groups who will benefit (please tick all that apply)

- | | | | | |
|---|--|--------------------------------------|--------------------------------------|------------------------------------|
| White | Mixed | Asian and Asian British | Black or Black British | Chinese or other group |
| <input type="checkbox"/> British | <input type="checkbox"/> Black Caribbean and White | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Black African and White | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | <input type="checkbox"/> Any Other |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Asian and White | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Black | |
| <input type="checkbox"/> Gypsies & Travellers | <input type="checkbox"/> Other Dual Ethnicity | <input type="checkbox"/> Other Asian | | |
| <input type="checkbox"/> Other White | | | | |

3.4 Primary issues

Enter into the box here a single option from the list below. This should represent the primary issue that will be addressed by this grant

Other issues addressed, (please tick all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Health and Wellbeing | <input type="checkbox"/> Social Inclusion | <input type="checkbox"/> Community Support & Development. |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Social Services and activities | <input type="checkbox"/> Counselling/Advice/Mentoring | <input type="checkbox"/> IT / Technology |
| <input type="checkbox"/> Sport and Recreation | <input type="checkbox"/> Crime | <input type="checkbox"/> Poverty and disadvantage | <input type="checkbox"/> Supporting family life |
| <input type="checkbox"/> Disability and Access issues | <input type="checkbox"/> Racial and Cultural Integration | <input type="checkbox"/> Transport Issues | <input type="checkbox"/> Employment and Labour |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Religion | <input type="checkbox"/> Volunteering | |
| <input type="checkbox"/> Rural issues | <input type="checkbox"/> Environment/ Recycling/ Renewable Energies | | |
| <input type="checkbox"/> Social Enterprises | <input type="checkbox"/> Others (please state)..... | | |

3.5 Primary Age group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

- Other age groups affected, (please tick all that apply) Early Years (0-4) Young People (13-18) Children (5-12) Young Adults (19-25)
 Adults (26-64) Seniors (65+)

Project Budget

- 4.1 What is the total project cost £ _____
 4.2 How much has been raised so far £ _____
 4.3 How much money are you applying for: £ _____

4.4 Budget breakdown summary (including VAT)
Please provide a breakdown of costs under separate headings for instance - staff, volunteer expenses, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100.

Other Information

5.1 Please send the following information with your grant application:
A copy of your governing document
A copy of your most recent accounts or income and expenditure statement

5.2 Please provide contact details for an independent person who can be contacted and can talk knowledgeably about the work your organisation does in your community.
Referee:.....
Name:.....
Telephone Number:.....
Email Address:.....

5.3 Please sign and date your application below to confirm that the above information is correct.
Name:.....
Position:.....
Date:.....

5.4 If you work with children and young people:
a.If your project plans to engage with children, have you included a copy of your child protection policy?
b.Please confirm that all people who will be working with children are CRB checked

5.5 Please provide as a separate attachment/document the contact details of the members of your governing body/management committee:

(Please continue on a separate piece of paper and attach when applying)

The application forms need to be returned to:
Birmingham Community Foundation
Nechells Baths
Nechells Park Road
Nechells, Birmingham. B7 5PD
or emailed to: team@bhamfoundation.co.uk
Applications must be received by Friday 5 March 2010