



## Live Well Grant APPLICATION FORM 2020/21

For Admin use:

Ref No:

Before starting to complete the form make sure you have all four pages and read through the questions so that you can provide the most comprehensive answers. Thank you.

Name of Group:

Has this group been known by another name?    Yes     No

Former name:

Date of change of name:

Contact person for this application:

Address of contact person:

Telephone number:

E-mail address:

### Information about the group

Address where the group is based:

Is this your meeting place?

Yes     No

Is your meeting place accessible to people with disabilities?

Yes     No

How long has the group been running?

How often does the group meet?

When does the group meet?

How many members does the group have?

On average, how many attend each session?

Who is the group for?

What is the purpose of the group?

How is the group advertised/promoted?

How do people become members of the group?

Are you agreeable for the group's details to be made public?

Yes  No

Please give details of the group's activities:

Please state how you wish to use the Live Well Grant:

## Financial Information

Amount of grant applied for: (We anticipate that the maximum grant for 2020/21 will be £1000)					
Name of organisation or person(s) responsible for finances:					
If the grant is awarded, we will make payments by BACS. Please provide your Group's Bank Account details below:					
Name of Bank:		Sort Code:		Account Number:	
Name of Account					
<b>Give details of any other funding the group receives:</b>					
Source of funding:	Date From	Date To	Amount		
1.			£		
2.			£		

3.			£
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**Have you ever applied for a grant from the Small Grants fund before?  
NO/YES. If YES, please provide details:**

Date of last application:		Amount Awarded: £	Grant not awarded: <input type="checkbox"/>
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**Please give a breakdown of how the grant will be spent:**

<b>Rent:</b> Amount £	How often?	Total cost: £
<b>Refreshments:</b> Amount £	How often?	Total cost £
<b>Volunteer Expenses:</b> What do their expenses cover? Please give details:		Total Volunteer expenses: £
<b>Transport Costs:</b> Please give details:		Total Transport Cost: £
<b>Other costs:</b> Please give details:		Total Other Cost: £
<b>GRAND TOTAL OF COSTS</b>		£

**Do members of the group make any contribution towards any of the above costs?**

**Please give details:**

(Applications are encouraged from groups or projects that can show that their members are actively contributing to the group. This can be in a variety of ways including: making direct contributions to cost of transport, holidays and trips; fundraising for the group; participating in planning activities; helping with the running of the group and its activities)

**Please provide any other information which will support your application:**

Please sign to indicate agreement of the project/group to abide by the Rules and Conditions of the Live Well Grant:

On behalf of the project/group, I confirm that I have read the Rules and Conditions of the Scheme and that this project/group will abide by them:

**Name**

<b>Signed *</b>	<b>Date</b>
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\* Please tick this box  instead of signing if you are emailing this application to us

**Checklist for applicants:**

If your parent organisation have a Compliments and Complaints procedure you agree to make it available to your service users

If you received a grant in the year 2020/21 you have completed and returned/are returning a Report Back form

You are enclosing copies of any leaflets or literature about the group or project

You have taken a photocopy of the Application form (and Report Back form) for your records?

**Please return this form to:**

Touchstone Support Centre  
53-55 Harehills Avenue Harehills  
Leeds  
LS8 4EX

Email:  
Grants@livewellleeds.org.uk