



The Somerset Masonic Charities

Grant Application Form

"Somerset Masonic Charities" is the generic working name of the Provincial Grand Lodge of Somerset's Registered Charities, Numbers 280699 and 1127248

The Somerset Masonic Charities

The Somerset Masonic Charities are committed to supporting groups and charities that provide opportunities, help and support for disadvantaged people in local communities. We recognise that everyone has a contribution to make and we aim to treat people equally and with respect. As a grant maker, we will consider all requests fairly, and will do our best to take any particular needs into account.

Although we can make grants for most types of community activity or project, we do NOT normally support the following categories of project:-

- Non charitable activities
- Projects outside Somerset
- Activities that are the statutory responsibility of Government
- Individual sponsorships and fundraising events
- Small contributions to major appeals
- Large capital projects
- Retrospective applications
- Organisations which make grants to third parties
- Political activities
- Places of religious worship
- Environmental activities
- Animal welfare

If completing this Application Form by hand, please use BLACK ink.

THE SOMERSET MASONIC CHARITIES

GRANT APPLICATION FORM

Q1 Contact Details

Name of the organisation

Address of the organisation

<input type="text"/>	
<input type="text"/>	Post Code:

Main contact *(This should be a person closely involved who can discuss the application)*

Name

Position held in the organisation

Contact address (if different from above address)

<input type="text"/>	
<input type="text"/>	Post Code:

Daytime and evening phone numbers

Day:
Evening:

E-mail address

Q2 Is your organisation a Registered Charity?

Yes

No

If yes, what is the Registered Charity Number?

Q3 Do you have a Constitution or set of Rules?

Yes

No

If yes, please enclose a copy

Q4 When was your organisation / group established?

Q5 If your activity includes Children and/or Vulnerable Adults, does your organisation have written safeguarding Policies in place?

Yes No

Q6 Have you ever received grant funding from Somerset Masonic Charities?

Yes No

If yes, when did you receive this funding?

Q7 In which part of Somerset does your organisation / group operate?

The area covered by the North Somerset and Bath & North East Somerset Councils

The area covered by Somerset County Council

The whole of the Historic Somerset area

Q8 How many people are involved in running your organisation / group?

Management Committee members Full-time staff

Part-time staff Volunteers

Q9 What does your group/organisation do and who does it help? (add additional sheets if necessary)

Q10 Please describe the project/activity for which you are seeking funding (add additional sheets if necessary)

Q11 How much are you applying for?

£

Q12 Is this funding request for a new project / activity, or for existing work?

£

Q13 When will the project / activity start and finish?

Start	
Finish	

Q14 What is the need for your project / activity and why is this important to your community?

Q15 How many people will benefit from the activity?

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Age range

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Q16 How many people resident in Somerset will directly benefit from your project /activity?

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Q17 Please state your total income and expenditure for the last 3 years:

	Income	Expenditure
Year Ending	£	£
Year Ending	£	£
Year Ending	£	£

Q18 In this table please give a breakdown of the total cost of your project / activity.

	Description / details	Total cost
Staff and volunteer costs, e.g. salaries, expenses, consultancy fees etc		
Operational/activity costs e.g. equipment or venue hire, refreshments, childcare etc		
Office, overhead, premises costs e.g. rent, postage, telephone, heating/lighting etc		

Capital costs e.g. computer equipment, photocopier		
Other costs (please specify)		
TOTAL		

Q19 If a Grant is awarded, to whom should the cheque be payable?

Q20 If we make a Grant to you, details of the award will be publicised on our Website and available to members of the public, and we may also wish to publicise the award in the media. Please confirm that you are agreeable to such publicity.

Yes		No	
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Q21: If you are not a Registered Charity this section should be completed by someone who is NOT involved in your organisation / group but who knows about your work and is willing to be contacted for a reference.

Name	Tel No
Address	
Post code	
Please indicate in which capacity you act as a Referee e.g. service user, supplier, Banker etc.	

I confirm that I know the applicant, have read the form and am willing to be contacted for a reference.

DECLARATION

I am authorised to make the application on behalf of the above organisation / group.

I confirm that the information contained in this application is correct and that if a grant is awarded it will be used only for the purposes stated.

Signed:	Date:
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Checklist

We cannot process your application unless you have:

- Answered every question
- Signed the form
- Enclosed your organisation's set of Rules or Constitution

Please send the completed application form to the following address:

David Maddern
Provincial Charity Steward
9 Lulworth Crescent
Downend
Bristol BS16 6SB
T. 0117 956 5882
dmaddern@virginmedia.com