

**Tell us the name of your organisation :**

**About your Project : What will you do and who will benefit?**

The Small Grants Programme will make awards for projects targeting one of two themes. **Please indicate whether your project is :**

- focused on improving access to the CLS on the part of socially excluded communities; or  
 focused on the delivery of training to problem noticers within a CLSP area

**Tell us about your project**

If you require more space, please use the blank page at the end of this Application Form

**Who will benefit from the project? Please tick up to 3 boxes**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Younger people               | <input type="checkbox"/> Older people                 | <input type="checkbox"/> Women                        |
| <input type="checkbox"/> Disabled people              | <input type="checkbox"/> Lone parents                 | <input type="checkbox"/> People with mental illness   |
| <input type="checkbox"/> People with physical illness | <input type="checkbox"/> People living in rural areas | <input type="checkbox"/> People living in urban areas |
| <input type="checkbox"/> Lesbian/gay/bisexual people  | <input type="checkbox"/> Other - please state :       |   |

**Please tick the box which best reflects the ethnic origin of most of the people who will benefit from the project**

- |  |   |
|--|---|
| <input type="checkbox"/> Mixed : White and Black Caribbean | <input type="checkbox"/> Black Caribbean              |
| <input type="checkbox"/> Mixed : White and Black African   | <input type="checkbox"/> Black African                |
| <input type="checkbox"/> Mixed : White and Asian           | <input type="checkbox"/> Black Other – please state : |
| <input type="checkbox"/> Mixed : Other – please state :    | <input type="checkbox"/> Chinese                      |
| <input type="checkbox"/> Asian : Indian                    | <input type="checkbox"/> White British                |
| <input type="checkbox"/> Asian : Pakistani                 | <input type="checkbox"/> White Welsh                  |
| <input type="checkbox"/> Asian : Bangladeshi               | <input type="checkbox"/> White Irish                  |
| <input type="checkbox"/> Asian : Other – please state :    |   |

**How many people will benefit from your project? How will you monitor progress against this target?** (For 'problem noticer' training projects, please state number of people to be trained)

**About your Project : Links to other community-based initiatives**

**Tell us about how your project links in to other community-based initiatives or strategies?**

**Are there other groups/organisations doing similar work in your area/targeting the same client group? How will you work with them to avoid duplicating each other's work?**

**Will your organisation be solely responsible for delivering the project?  Yes  No**

**If 'No', which other organisations will be involved in the project?**

**About your Project : Timetable**

**Describe the key activities that need to happen for the project to be successfully completed, and tell us when you anticipate that each will happen**

Activity	Start	End



<b>About your Organisation</b>		
<b>Name of organisation</b>		
Is the organisation <input type="checkbox"/> A statutory body <input type="checkbox"/> A not for profit body <input type="checkbox"/> A private business		
Are you a registered charity? <input type="checkbox"/> No <input type="checkbox"/> Yes    Registration No.		
<b>Name of main contact</b>		
<b>Position in organisation</b>		
<b>Contact address</b>		
<b>Postcode</b>		
<b>Telephone No.</b>	<b>Fax No.</b>	<b>E-mail</b>
Is the organisation a branch of a larger organisation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If 'Yes', please tell us about the larger organisation		
<b>What are the main activities of your organisation?</b>		
Does the organisation have a CLS Quality Mark? <input type="checkbox"/> No <input type="checkbox"/> Yes Successful applicants who are not Quality Marked will be required to achieve accreditation at the relevant level before the end of the project		
If 'Yes', please provide details :		
<b>How many people are involved in running your organisation?</b>		
Paid staff :	<input type="checkbox"/>	Volunteers : <input type="checkbox"/>
		Committee members : <input type="checkbox"/>
<b>How would you classify the majority of people with ownership/control of the organisation</b>		
<b>Gender</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Ethnicity</b>	<input type="checkbox"/> Mixed : White and Black Caribbean	<input type="checkbox"/> Black Caribbean
	<input type="checkbox"/> Mixed : White and Black African	<input type="checkbox"/> Black African
	<input type="checkbox"/> Mixed : White and Asian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Asian : Indian	<input type="checkbox"/> White British
	<input type="checkbox"/> Asian : Pakistani	<input type="checkbox"/> White Welsh
	<input type="checkbox"/> Asian : Bangladeshi	<input type="checkbox"/> White Irish
	<input type="checkbox"/> Other - Please state :	
Do the majority of people with ownership/control of the organisation have any long term illness, health problem, or disability that limits their daily activities or work they can do?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Supporting Information</b>	
<b>Please tell us about any supporting information that you have included with this application</b>	
<b>Your permission for us to share this application with other funders (Tick ONE box)</b>	
<input type="checkbox"/> You <b>MAY</b> provide a copy of this application to other funders for consideration against their funding criteria. I understand that I may be asked to provide additional information to other funders to enable them to complete a full assessment of the project against their criteria. In the event that the project is not supported by another funder, I understand that this application will be assessed alongside all other applications to the Small Grants Programme	
<input type="checkbox"/> You <b>MAY NOT</b> provide a copy of this application to other funders	
<b>Independent Referee's Statement</b>	
<b>Name of referee</b>	
<b>Occupation</b>	
<b>Contact address</b>	
<b>Postcode</b>	
I confirm that I know this organisation and its work. I have read the application, and I support this request for funding. I am willing to be contacted now to discuss the application further and also to provide a written report at any stage.	
<b>Signed</b>	<b>Date</b>
<b>Applicant's Declaration</b>	
I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for information at any stage of the application process. I have read the Guidance Notes that support the Small Grants Programme of the CLS Development Fund (Wales) 2004/5 and I confirm that if this application is successful, my organisation will enter into a Funding Agreement on the terms and conditions set out in those Guidance Notes.	
<b>Signed</b>	<b>Date</b>
<b>Name</b>	<b>Position</b>

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