



## Workspace Community Fund

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| Ref. No:                            | Office Use Only |
| <b>Small Grant Application Form</b> |                 |

### SECTION A: Applicant Organisation Details

1. Name of Applicant Organisation:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Give a brief history on your organisation including its aims and current activities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION B: Funding Request Details

**3. Please describe what the Workspace Community Fund will be used for?**

Describe why it is needed, who will be responsible and who will be involved

**4. What are the dates for your project?**

Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**5. Number of participants?**

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**6. Main age group of participants:**

Children:  Adults 16-25:  26-40:  40-50:  50+:

**7. Are your activities targeting people from minority ethnic groups or travellers groups? Yes  No**

**8. Are your activities targeting people with disabilities?**

Yes  No

**9. Please detail the budget for your project.**

**Project Costs e.g.**

| <b>Item</b> | <b>Amount (£s)</b> |
|-------------|--------------------|
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |

**Total Cost:** £ \_\_\_\_\_

**10. What do you see as your sources of funding?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. Are you involving other organisations/groups/communities?**

Describe who will be involved and state whether this is something new.

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**12. How will the Workspace Community Fund help the work of the group?**

Outline what you hope to achieve and what difference you would like to make.

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**13. Does your group have the required policies and procedures?**

These include statutory compliance – e.g. if working with children or vulnerable adults, confirm if you have appropriate Child Protection / Vulnerable Adult protection policies and procedures.

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## DECLARATION

*If this proposal is selected for funding the organisation agrees to:*

- a) Provide bank details, either in the name of the Group or of a supporting constituted charitable organisation.*
- b) Complete a short Evaluation Form at the end of the project.*

*I agree to the above conditions:*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Please return completed Applications no later than**

\_\_\_\_\_

to  
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