



# Clutha Foundation Funding Application 2022

## Applicant's Details

Information about your organisation

**Name of Organisation**

**Legal Status**

**Registration number**

**Name of Contact Person**

First Name      Last Name

**Email address of Contact Person**

example@example.com

**Phone Number of Contact Person**

Area Code      Phone Number

**Physical Address of Organisation**

Street Address

**What are the aims of your organisation? How do you achieve them?**

**Who are the key office bearers in your organisation?**

**Website (if applicable)**

**Bank account name**

**Bank account number**

## **Initiative Summary**

A quick overview of your project/initiative

**Initiative name**

**A one sentence summary of your initiative**

**What are your initiative's main areas of focus? (You may select more than one)**

Health and well-being (community, family, individual)

Education

Youth

Environment

Arts

Seniors

Sports and Recreation

**Total cost of initiative**

**Amount you are applying for**

## **Initiative Details**

More information about your project/initiative

**Describe your initiative. What are you hoping to achieve?**

**How do you know this is needed?**

**Who will benefit? How many people?**

**Tell us about the qualifications and experience of the key people who will implement this initiative (if applicable)?**

**We are not usually sole funders. What plans do you have to achieve your funding targets?**

**What is your timeline for the project?**

**What will you use the Clutha Foundation's grant for, specifically? (This needs to be spent within the next 12 months.)**

**How will you measure the success of your initiative? These measures will be used as part of the evaluation process when you report back to us (within 12 months of receiving the grant).**

## **Initiative Budget**

Tell us how the initiative will be funded, showing your own contribution and other funding sources.

**Total cost of initiative**

**Amount applied for**

**Shortfall**

**How will you raise the rest of the money?**

**Please indicate (where relevant) how funding for this initiative will be sustainable in the future.**

### **Referees**

Please provide names and contact details for two referees. Referees should be individuals who can comment on the integrity and the services provided by the applying organisation, and preferably be external to this organisation. Referees must not be directly involved with the Clutha Foundation.

### **Referee 1**

### **Referee 2**

## **Applicant's Declaration**

We confirm:

- that we have read the granting procedures of the Clutha Foundation and agree to the granting conditions and accountability requirements;
- this application has the formal approval of our controlling Board/Committee/Authority;
- that any grant made will be used for the purposes specified in our application or as directed by the Clutha Foundation;
- that we will immediately inform Clutha Foundation should the initiative depart from that agreed.

We authorise Clutha Foundation or its agents to:

- make any enquiries of any third parties, even though that may involve disclosing information contained in the application in order to carry out due diligence;
- use our name/photograph for publicity purposes and participate in promotional work as may be reasonably required by the Foundation, free of charge.

We acknowledge that:

- any decision made by Clutha Foundation is final and we accept that no reasons for such a decision may be given, nor any correspondence entered into;
- this application and details of the Trustees' decision may be shared with other funders and made publicly available.

We commit to:

- acknowledging the support of the Foundation in our literature, announcements and interviews;
- providing all financial information requested including invoices and receipts as proof of purchase.
- return any unspent funds to Clutha Foundation.

## Signatures

By signing below you are agreeing to all the points in the Applicant's Declaration

### **Name of first signatory**

First Name

Last Name

### **Position**

## Date



Month Day Year

## Name of second signatory

First Name Last Name

## Position

## Date



Month Day Year

## Supporting documents

### Checklist. Please ensure you have

- Answered all the questions
- Uploaded a bank deposit slip or other proof of bank account
- Uploaded a projected budget for the initiative
- Uploaded a copy of your most recent annual financial accounts
- Signed the declaration (you can print the declaration and upload a signed copy)