**The Bury Fund**

**“LET'S” Make a Difference Grants**

Application Form

Please refer to the guidance documents for support in completing this form. If you need further support or have any questions or queries, please don’t hesitate to get in touch with grants@buryvcfa.org.uk

**About your organisation**

|  |  |
| --- | --- |
| **1)** Organisation name |  |
| **2)** Address line 1 |  |
| **2)** Address line 2 |  |
| **2)** Town or City |  | Postcode |  |
| **3)** What is your organisation’s annual turnover? |  |
| **4)** How is your organisation constituted? *(see guidance notes for details)* |
|  |
| **5)** Organisation number *(if applicable)* |  |

**Contact Information**

|  |  |
| --- | --- |
| **6)** Lead Contact Name |  |
| Tel Number |  |
| Mobile Number |  |
| Email address |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode |  |

**7) Payment details**

|  |
| --- |
| **Bank Account details** – for payment of award (if successful) |
| **Account Name** (must be an organisation) |  |
| **Account Number** |  |  |  |  |  |  |  |  |
| **Sort Code** |  |  | **-** |  |  | **-** |  |  |

If successful, you’ll need to supply a scan or photo of a recent bank statement or paying-in slip.

|  |  |
| --- | --- |
| **OFFICE USE ONLY – AWARD APPROVED:** | **£** |

**8) Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **8) Please confirm you have the following in place:** | *Please tick * |
| 1. a bank account in the organisation’s name with at least two unrelated signatories
 |  |
| b) Public Liability Insurance *(cost can be included in project budget)*  |  |
| c) Risk assessments  |  |
| d) Safeguarding Adults Policy *(if applicable to project activities)* |  |
| e) Safeguarding Children Policy *(if applicable to project activities)* |  |

**Summary Project information**

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| --- | --- |
| **9)** Project Name |  |

|  |
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| **10)** Please describe your project proposal in 100 words |
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|  |  |  |  |
| --- | --- | --- | --- |
| **11)** Approx start date? |  | Finish date? (if applicable) |  |

|  |
| --- |
| **12)** Where will your project be based? *(Please tick one only)* |
|  |
| Bury East |  |  | Bury North |  |  | Bury West |  |
| Prestwich |  |  | Whitefield |  |  |  |  |

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| **13)** Is this a **new, existing support,** or **an expanding and grow** project? *Please check (X)*  |
| **New** |  |
| **Existing Support** |  |
| **Expanding and Grow** |  |

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| --- |
| **14) Which Priority of the LET’S Do It Strategy does your project most address?** (please check x) |
| People in Bury have better lives |  |
| Our children and young people have the best start in life |  |
| Our adults reach their potential for skills and work |  |
| We progress our fight against climate change |  |
| Our people have the full opportunity to take part in life in Bury by being digitally included |  |

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| **15)** **What do you want to do?**Please describe what you plan to do and the activities you’ll deliver. (500 words max) Include numbers where possible (e.g., the number and duration of sessions). Make sure the plan and activities should reflect your project budget |
|  |

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| **16) How have you involved local people and the community in the design of this project/activity?** (500 words) |
|  |

|  |
| --- |
| **17)** How will you reach these people and encourage them to take part? |
|  |

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| --- |
| **18) How will you know if you’ve been successful?*** What difference will your project make to people or the community you support?
* How will you measure/know?
* What will you share about your outcomes and learning with us?

*(500 words max)* |
|  |

**About the money**

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| --- |
| **19) Please give full details of your project budget***See the guidance notes for details of how to complete this question* |
|  Description of item | Breakdown of calculations | Total cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund** *(£1k max)* | £ |

|  |
| --- |
| **If applicable, where is the rest of the money coming from?** |
| **Source of funding** | **Amount** | **Funding Secured?** |
|  | £ |  |
|  | £ |  |
| **Please retain all financial records.****Bury VCFA reserves the right to audit your project expenditure.** |

**Please attach**

|  |  |  |
| --- | --- | --- |
| **Safeguarding Children Policy***(if applicable to project activities)* | *Please tick to confirm policy is attached * |  |
| **Safeguarding Adults Policy***(if applicable to project activities)* | *Please tick to confirm policy is attached * |  |

**Declaration**

I have read and understood the **Terms and Conditions** and agree to adhere to these conditions if our application is successful. I am authorised to submit this funding application on behalf of this organisation.

|  |  |
| --- | --- |
| Name (signature **not** req): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document in WORD format to: grants@buryvcfa.org.uk

**Deadline: Sunday 21st Sept 2025**

Late applications will not be considered