**LETS Value Volunteers Fund**

**Round 2 2025/26**

**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](mailto:grants@buryvcfa.org.uk)

**1) Lead Contact – for this project**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Tel Number: |  | | |
| Mobile Number: |  | | |
| Email address: |  | | |
| Address line 1 |  | | |
| Address line 2 |  | | |
| Town / City |  | Postcode: |  |

**2. Payment details**

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

You will need to supply a scan or photo of a recent bank statement or paying-in slip.

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

**About your organisation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3)** Organisation name: |  | | | |
| **4)** Address line 1 |  | | | |
| **2)** Address line 2 |  | | | |
| **2)** Town or City |  | | Postcode: |  |
| **5)** What is your organisation’s annual turnover? | | | £ | |
| **6)** How is your organisation constituted? *(see guidance notes for details)* | | | | | |
|  | | | | | |
| **7)** Organisation number *(if applicable)****:*** | |  | | | |

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

|  |  |
| --- | --- |
| **8) Please tick to confirm which policies you have in place:** | *Please tick 🗸* |
| 1. A bank account in the organisation’s name with at least two unrelated signatories. |  |
| 1. Volunteering policy |  |
| c) Public Liability Insurance |  |
| d) Risk assessments |  |
| e) Safeguarding Adults policy *(if applicable to project activities)* |  |
| f) Safeguarding Children policy *(if applicable to project activities)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9) Which Neighbourhood of Bury is your group/project based?**  (*Please tick all that apply)* | | | | |
| East Bury |  |  | West Bury (Including Radcliffe) |  |
| North |  |  | Prestwich |  |
| Whitefield |  |  | **OR BOROUGH-WIDE** |  |

|  |
| --- |
| **10) Briefly describe your organisation's work and how it benefits Bury residents.**  (Remember, not everyone on the panel will be aware of the excellent work that you do!) |
|  |

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| **11) Please describe what you plan to deliver and what you plan to spend the money on. (500 words max)**  Please use numbers where possible (e.g., the number of volunteers, number of events etc.). |
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| **12) When do you anticipate having completed what you plan to deliver?**  If you are unable to give exact dates, please provide at least a calendar month and year |
|  |

**About the money**

|  |  |  |  |
| --- | --- | --- | --- |
| **13) Please give 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** | | | £ |

**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 🗸* |  |
| **A copy of your constitution or governing document**  *(if not a member of Bury VCFA)* | *Please tick to confirm governing document is attached 🗸* |  |
| **A copy of a recent bank statement from your organisation**  *(if you have not received a grant from Bury VCFA before)* | *Please tick to confirm bank statement is attached 🗸* |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://www.buryvcfa.org.uk/wp-content/uploads/Bury-VCFA-Grants-TCs-Final-2023.pdf)of this grant funding & confirm to adhere to these conditions if our application is successful. We acknowledge that failure to comply will result in VCFA being refunded the grant.

We understand that we need to retain all receipts, invoices, and claim forms as a record of 100% of project spending, as our grant may be subject to an audit by Bury VCFA.

All the information I have provided in my application is accurate and complete, and I will notify Bury VCFA of any changes.

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 to: [grants@buryVCFA.org.uk](mailto:grants@buryVCFA.org.uk) by **26th October 2025.**