



Registered Charity No: 253481

**Section 1 - ORGANISATION DETAILS**

**Where is your Organisation based?**

Merseyside  Northern Ireland

**Provide the name and address of your organisation, not the name of the project for which you are seeking funds.**

Organisation Name \_\_\_\_\_

Working Name (If Different) \_\_\_\_\_

Street \_\_\_\_\_ Town/City \_\_\_\_\_

Postcode \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Email \_\_\_\_\_ Website Link \_\_\_\_\_

Facebook Link \_\_\_\_\_ Twitter Link \_\_\_\_\_

Other Social Media Link \_\_\_\_\_

**Section 2 - CONTACT PERSON**

**These are the details that will be used for main correspondence purposes. Please provide the details of a person who can be contacted by the Foundation in connection with the application.**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Position Held \_\_\_\_\_

Tick here to use the organisation address for correspondence.

Street \_\_\_\_\_ Town/City \_\_\_\_\_

County \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Tel. Number \_\_\_\_\_

Other Telephone Number \_\_\_\_\_

### **Section 3 - ABOUT YOUR ORGANISATION**

The Foundation can only support work which is deemed to be charitable under UK law. This does not mean that the group has to be a registered charity, but if your organisation is registered with the Charity Commission, please give its registration number. This information is sought for our records only and will have no bearing on whether you get a grant or not.

#### **Legal Status (CIC, CIO, Registered Charity, other legal status )**

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The organisation must produce annual accounts (if over one year old), have a written set of rules and a bank account in the name of the organisation which requires at least two signatories.

**Year Established** \_\_\_\_\_ **Charity Number** \_\_\_\_\_ **Company Number** \_\_\_\_\_

#### **What best describes the type of work you do? (Please tick all that apply.)**

- Trying to build and strengthen communities
- Working in partnership with others
- Carrying out trust building initiatives
- Addressing previously unmet needs
- Providing advice and support
- Trying to change attitudes and broaden horizons

#### **Please provide details about the Staff, Board Members and Volunteers who work with your organisation.**

Number of Paid Full Time staff

Number of Volunteers

Number of Paid Part Time staff

#### **Section 4 - YOUR POLICIES AND PROCEDURES**

**Please indicate which documents and policies your organisation has in place.**

A Constitution?	Yes	No
Produce Annual Accounts?	Yes	No
Produce an Annual Report?	Yes	No
Have a management committee?	Yes	No
Have a written Equal Opportunities Policy?	Yes	No
Have a Safeguarding Policy?	Yes	No

**If you are shortlisted, you will be asked to submit the above documents (except your constitution) within a week of receiving notification, as well as:**

- \*A job description, if applying for funding for a salary
- \*Signed grant conditions form
- \*Minutes from your committee meetings
- \*Copy of a recent Bank Statement (to confirm the group's bank details if awarded a grant).

#### **Section 5 - ORGANISATION FINANCIAL DETAILS**

**From your most recent annual accounts please provide the following information**

The year of your most recent accounts \_\_\_\_\_

Annual Expenditure £ \_\_\_\_\_ Annual Income £ \_\_\_\_\_

Free Reserves £ \_\_\_\_\_

#### **BANKING DETAILS**

Name of Bank \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Sort Code \_\_\_\_\_ Bank Account Number \_\_\_\_\_

#### **Section 6 - ABOUT YOUR FUNDING REQUEST**

**In no more than 10 words, please tell us what you want to spend any grant on (e.g., running costs, volunteer expenses, a particular salary or project).**

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## **Section 7 - WHAT YOU DO**

**\* Please provide the background to your organisation and what it does now.** (Please write no more than 500 words for this section on a separate sheet of paper).

**\* Tell us about the people you are working with and how you know there is a need for your work** (Please write no more than 500 words for this section on a separate sheet of paper).

**\* Tell us in more detail about the work you want to fund. How the grant will be spent.** (Please write no more than 500 words for this section on a separate sheet of paper).

**\* Why are you the right people to do this work?** (Please write no more than 500 words for this section on a separate sheet of paper).

**\* What difference do you want this funding to make?** (Please write no more than 250 words for this section on a separate sheet of paper).

**\* How will you know when this funding has been successful?** (Please write no more than 250 words for this section on a separate sheet of paper).

**\* Please enclose an Income and Expenditure Budget for your request with your application** (no more than one A4 page long)

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**If based in Merseyside, in which Local Authority will the project be delivered? Please tick.**

Liverpool	<input type="checkbox"/>	St Helens	<input type="checkbox"/>
Knowsley	<input type="checkbox"/>	Wirral	<input type="checkbox"/>
Sefton	<input type="checkbox"/>	Skelmersdale	<input type="checkbox"/>
Halton	<input type="checkbox"/>		

**If based in Northern Ireland, in which Local Authority will the project be delivered? Please tick.**

Northern Ireland wide	<input type="checkbox"/>	Derry City and Strabane	<input type="checkbox"/>
Antrim & Newtownabbey	<input type="checkbox"/>	Fermanagh and Omagh	<input type="checkbox"/>
Ards and North Down	<input type="checkbox"/>	Lisburn and Castlereagh	<input type="checkbox"/>
Armagh, Banbridge and Craigavon	<input type="checkbox"/>	Mid and East Antrim	<input type="checkbox"/>
Belfast City	<input type="checkbox"/>	Mid Ulster	<input type="checkbox"/>
Causeway Coast and Glens	<input type="checkbox"/>	Newry, Mourne and Down	<input type="checkbox"/>

**Where specifically will the project be delivered? (write in which Wards where appropriate)**

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**Section 8 - HOW MUCH ARE YOU REQUESTING?**

**Our trustees will consider applications for a maximum of 3 years. What is the duration of your funding request? Tick one.**

1 Year (or under)       2 Years       3 Years

**When are you planning to start the project?** \_\_\_\_\_

**When would you hope to start spending any grant from JMF?** \_\_\_\_\_

**How much will the project cost in total? £** \_\_\_\_\_

(The Total amount you request cannot be higher than the total cost of the project.)

**How much funding are you requesting from John Moores Foundation**

Amount Requested Year 1 (or under)

Amount Requested Year 2

Amount Requested Year 3

**Total Amount Requested**

**Who are the primary beneficiaries that the funding will support? (Please tick all that apply)**

- Those suffering from poverty and financial crisis
- Those in poor physical or mental health
- Black, Asian and minority ethnic people
- Refugees
- Women including girls
- Children and young people aged 5 to 25
- Those suffering discrimination
- Families needing support
- Homeless people
- Carers
- Adults with few or no educational qualifications
- Other

If other, who are the other beneficiaries? \_\_\_\_\_

**Number of people who will directly benefit from this funding in a year:**

## **Section 10 - DATA PROTECTION**

The information provided in this grant application will be checked against John Moores Foundation eligibility criteria. We may contact you if we require any clarification.

Full details about our Data Protection and Privacy policies can be provided on request and is also available on the foundation's website [www.jmf.org.uk](http://www.jmf.org.uk)

Do you agree to John Moores Foundation storing and processing your information? Please note, if you do not give us permission to process your data, we shall be unable to process and assess your application.

Yes                      No

If your application is successful, we may like to contact you in the future about other Foundation initiatives. Please confirm that you give the John Moores Foundation your consent to get in touch by email.

Yes                      No

## **Section 11 - DECLARATION**

By submitting this form, I confirm that all the information in this application is accurate. I agree for John Moores Foundation to store and process my data. I have read, understood and agree to the terms and conditions of the grant as stated above.

**Name of person completing this application** \_\_\_\_\_

**Position held (Job Title)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please e-mail us** the completed forms for Merseyside to [lenka@johnmooresfoundation.com](mailto:lenka@johnmooresfoundation.com) or for Northern Ireland applications e-mail [ni@johnmooresfoundation.com](mailto:ni@johnmooresfoundation.com).

**Forms can also be posted to:**

John Moores Foundation, 1st Floor Front Office, 96 Bold Street, Liverpool, L1 4HY

If you are having difficulties filling in the form you can call 0151 707 6077 in Merseyside or 07415447910 for Northern Ireland enquiries.

Web: [www.jmf.org.uk](http://www.jmf.org.uk)

**Section 12 - DIVERSITY MONITORING FOR GRANT APPLICANTS**

**John Moores Foundation’s trustees have set themselves the aim of becoming a more diverse organisation and funder.** To help them achieve this we need to know a bit more about the organisations that are applying to us and who is successful. This will give us a baseline from which we will be able to measure progress on an annual basis towards the trustees’ aim and ensure that all organisations are being treated fairly. Therefore, it would really help us if you would provide a bit more information below about the people running the organisation and those who will be benefitting from a grant. **There is no need to answer any of the questions, but, if you do, thank you for your help with this.**

**TYPE OF PEOPLE WHO WILL BENEFIT**

**Do any of your beneficiaries fall within any of the categories below? Circle one and tell us how many if applicable.**

Black or Racial Minority	No	Yes	If Yes, how many?	<input type="text"/>
LGBTQ	No	Yes	If Yes, how many?	<input type="text"/>
Disabled	No	Yes	If Yes, how many?	<input type="text"/>
Other disadvantaged minority	No	Yes	If Yes, how many?	<input type="text"/>

(If yes, please specify other disadvantaged minority) \_\_\_\_\_

**ORGANISATIONAL LEADERSHIP**

**The following information will not be used in any part of the decision-making process or to identify any individuals.**

**How many Board Members do you have?**

**Do any of your Board members identify as the following (any person can be counted in more than one category)? Circle one and tell us how many if applicable.**

Female	No	Yes	If Yes, how many?	<input type="text"/>
Male	No	Yes	If Yes, how many?	<input type="text"/>
Black or Racial Minority	No	Yes	If Yes, how many?	<input type="text"/>
LGBTQ	No	Yes	If Yes, how many?	<input type="text"/>
Disabled	No	Yes	If Yes, how many?	<input type="text"/>
Other disadvantaged minority	No	Yes	If Yes, how many?	<input type="text"/>

(If yes, please specify other disadvantaged minority) \_\_\_\_\_

**How many Senior Managers do you have?**

**Do any of your Senior Managers identify as the following (any person can be counted in more than one category)? Circle one and tell us how many if applicable.**

Female	No	Yes	If Yes, how many?	<input type="text"/>
Male	No	Yes	If Yes, how many?	<input type="text"/>
Black or Racial Minority	No	Yes	If Yes, how many?	<input type="text"/>
LGBTQ	No	Yes	If Yes, how many?	<input type="text"/>
Disabled	No	Yes	If Yes, how many?	<input type="text"/>
Other disadvantaged minority	No	Yes	If Yes, how many?	<input type="text"/>

(If yes, please specify other disadvantaged minority) \_\_\_\_\_

SAMPLE