

Hilden Charitable Fund
APPLICATION FORM FOR UK PROJECTS 2010

RECEIVED

All applicants must complete this form to be considered for funding

	Please tick priority area
	<input type="checkbox"/> ASYLUM SEEKERS & REFUGEES
	<input type="checkbox"/> COMMUNITY BASED INITIATIVES FOR YOUNG PEOPLE AGED 16-25
	<input type="checkbox"/> HOMELESSNESS
	<input type="checkbox"/> PENAL AFFAIRS
	<input type="checkbox"/> OVERSEAS

ORGANISATION DETAILS

Please also complete the Application Form for Projects Overseas if you are applying for an overseas partner

1. Name of Organisation:

2. Correspondent & Title:

3. Address:

4. Tel No: Fax No:

5. Website: Email:

6. How did you find out about The Hilden Charitable Fund?

7. Have you been funded by The Hilden Charitable Fund before? Yes No If yes, when?

LEGAL FORM AND GOVERNANCE

8. Please give the year your organisation was set up

9. Does your organisation have charitable status? Yes No *If yes, please quote charity number, if not a charity please give details of your legal structure and your charitable purpose*

10. Is your Charity registered for Gift Aid? Yes No

11. How is your Governing Body constituted? Yes Self Appointing/By Invitation Elected by Membership

If a Membership organisation how many members do you have currently?

What is the individual subscription fee?

12. How many people are on your Governing Committee?

HUMAN RESOURCES

13. How many people are employed on your payroll? What is this in full time equivalents?

14. How many volunteers do you involve? What is this in full time equivalents?

15. If your work involves contact with children and vulnerable people, do you undertake relevant checks on staff and volunteers? Yes No Not relevant *If you undertake checks, are you registered with:*
 Criminal Records Bureau Umbrella Body (give details)

16. Does your agency possess a current public liability and employers' liability insurance policy? Yes No

17. Do you operate an Equal Opportunities Policy Yes No

REFERENCE

18. Please give the name and contact details of an agency which we can contact to ask about your work

YOUR FINANCES

19. Please give the date of your last inspected Annual Accounts and Annual Report: (please send these in)

20. From your last inspected accounts, please give the following information below:		21. Of your total income, approximately what were the percentages of funding from the following sources? <i>Funding source</i> <i>Give %</i>	
a. What was your total income?		a. Statutory (govt/local govt/ Europe)	
b. What was your total expenditure?		b. National Lottery	
c. What were your net current assets?		c. Private companies	
d. What was your balance sheet fund total?		d. Individual donations (Gift Aid)	
Of which how much was in restricted funds?		e. Membership Fees	
Of which how much was in unrestricted funds?		f. Earnings from activities	
e. Reserves: How many months running costs are covered by your reserves?	Months	g. Investment incomes	
f. Please comment on your reserves position:		h. Grant Making Trusts	
		i. Other	

WHY DO YOU WANT GRANT AID FROM HILDEN?

22. In a few sentences, please say what your organisation does, and for what purpose you seek grant aid.

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23. Amount requested from The Hilden Charitable Fund

24. What is the grant requested from The Hilden Charitable Fund as a percentage of the project cost?

25. Is the grant for: Ongoing work Work to commence – If work is to commence, by which date do you expect the work to start?

26. How many people are likely to benefit from this grant?

27. Do you calculate any unit cost measures to evaluate your work? Yes No If yes, please give details

Please send your completed form, along with your proposal and costs with budget forecast for the agency, most recent financial statements and any other material you feel will help your case for funds (no longer than 2 sides of A4) to:

The Secretary,
 The Hilden Charitable Fund,
 34 North End Road,
 London W14 0SH Tel/Fax 020 7603 1525