

**Worcestershire World War One Hundred Small Grants Fund  
Application Form**

**YOUR ORGANISATION**

**Project name:**

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**Project address for correspondence:**

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**E-mail:**

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**Website**

:

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**Tel No:**

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**Day/**

**Evenings:**

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**How would you describe your organisation?**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Community group

Youth Group

Educational

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Heritage group

Older Person's group

Family-friendly

**Name, position and contact details for enquiries about this application:**

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**Name and contact details of the person in your group responsible for financial matters:**

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**Name and details of your bank or building society account**

(you can supply this later, on receipt of offer, but it may delay your payment)

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**Sort Code:**

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**Account  
Number:**

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**INFORMATION ABOUT YOUR PROJECT**

**Project title:**

*\*Specialist advice to help you complete your project may be available from the Project Officer. Where relevant quotations should be sought prior to application, so that an accurate cost can be included in the predicted costs table below.*

**How many people are leading the project and how many are involved in its delivery?**

**Project description (what will you do, who do you want to attract, how many people do you hope to attract?) (Please limit to 300 words):**

**Project timetable:**

We will start on:

We plan to finish on:

**What is unique about this project and how will it benefit local people?**

**How will the project meet the aims of Worcestershire World War One Hundred Project?**

**(Bullet points)**

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**MEASURING THE OUTCOMES OF YOUR PROJECT**

**What are the main outputs that your project will produce?** (limit 300 words)

**What will be the lasting benefit of this project?**  
(limit 300 words)

**COSTING AND FUNDING YOUR PROJECT**

**Please give details of the predicted costs for your project:**

No.	Activity or Item/s	Total cost	Total grant request	Additional funding	Source of additional funding
E.g.	Packing materials (Archival boxes & tissue paper)	£270	£220	£50	Society Funds
1					

(continue on separate sheet if necessary)

**Total applied for**

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**Have you, or are you making, an application for this project to another grant giving body?**

Grant giving body applied to:

Decision on application:


**What in-kind contributions do you expect to provide or receive?**

Details of in-kind contributions	Source	Estimated no of days	Estimated value

## DECLARATION

**This section must be signed by a representative of the organisation who is not the main contact or treasurer (for example, the Chair).**

I confirm, on behalf of

(organisation),

that I am authorised to sign this declaration and that the proposal falls within the powers of the organisation. I believe the information to be correct. If this application is successful, the organisation will use the grant only for the purposes outlined above. I have read and understood the terms and conditions outlined at the start of this application form.

Signature:

Date:

Name in  
CAPITALS

Position:

## DATA PROTECTION

Any personal information provided on this application form will be used by us to process your application. We will use the information for statistical purposes and may provide copies of your application to organisations who work with us to assess applications and to monitor and support projects. We may also send you news about the Museum Development programme, but will not use your personal information for any other purpose without your prior consent.

## CHECKLIST FOR APPLICANTS

- All sections of the form completed
- Declaration signed by appropriate person
- Supporting information included

**Your completed application should be submitted by post or email to the Project Officer**

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**FOR OFFICE USE ONLY**

Date Received:

Application Complete:  Yes  No

Assessors Decision:  Application successful  Application rejected

Date of Notifications Letter: