**APPLICATION FOR GRANT FORM 2025**

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| **1. Name of Organisation making request** |  |
| **2. Address** |  |
| **3. Charity registration number** |  |
| **Contact details of person completing form** |
| **4. Name** |  |
| **5. Position** |  |
| **6. Email**  |  |
| **7. Mobile number** |  |
| **8. Name of Chairperson and mobile number** |  |
| **About your request for funding:** |
| **9. Region where your organisation operates** |  |
| **10. Title of project** |  |
| **11. In one sentence, describe your project:** |
| **12. Amount requested** |  |
| **13. Number of beneficiaries covered by this project funding in 2025-2026** |  |
| **14. Describe how your project aligns with CABWI’s funding guidelines and how it is innovative.(Max 300 words)****Describe the project for which funding is requested (Max 300 words). Please do not include Index of Multiple Deprivation data, as we are aware of these.** |
| **15. Explain why your organisation is well placed to deliver this work (Max 200 words).** |
| **16. What are your SMART outcomes (specific, measurable, achievable, timely/time based) that this funding will enable you to achieve:** *
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| **17. Explain how you will measure the impact of your project. If relevant please reference the qualifications, certificates and other indicators that show the achievement of beneficiaries.****Tell us about the types and numbers of qualifications/certificates that will be achieved if relevant:***
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| **18. Describe the types and numbers of outcomes in terms of final destinations of beneficiaries at the end of the project - FE courses, volunteering, employment, apprenticeships etc:** |
| **19. Please list the challenges you anticipate in achieving your intended outcomes and the framework you will put in place to overcome such challenges in in the event that your application is successful (Max 200 words).** |
| **20. Measured outcomes at the 6 month mark:****Our funding is paid out in two tranches: In July 2025, and in January 2026. The second instalment is paid on satisfactory achievement of the outcomes agreed between your organisation and CABWI. Please indicate your outcomes below , These may be same as the outcomes in q.16 -18,but remember that they will be measured six months into the funding period for your project, so should be achievable for that time frame.** |
| **21. What type of funding are you requesting: core costs, project costs, or combination?** |  |
| **22. If you are seeking costs to cover a specific role, please state here:** |  |
| **From your most recent accounts:** |
| **23. Income** |
| **24. Expenditure** |  |
| **25. Free reserves** |  |
| **26. Have you attached the following to this form:**a. Budget showing how your requested funding will be spentb. A copy of a bank statement for your organisation covering the last 3 monthsc. Governing document**Current copies of the following policies:**d. Equality Diversity and Inclusivity policye. Safeguarding policyf. Health and Safety policyg. Sustainability policy (if you have one) |  |
| **27. Declaration:** a) I confirm that: - I have the authority to apply for this funding on behalf of my organisation- We have at least 3 unrelated trustees on Charity Commission records- We have published annual accounts, filed at the Charity Commission - Trustees, the CEO and Senior Managers are not all be living at the same address- We have public liability insuranceb) I understand that by submitting this application form I am consenting that the personal data provided can be used by CABWI to administer my application, and notify me about the outcome of my application.**Name Date** |

Please return completed form, with attachments ( Q. 26 above) to: grants@cabwi.org.uk.

**Please note that if the form is incomplete, or attachments requested at Q 26 not included, your application may not be considered**.

T**he deadline for applications is Monday, 3 February at 6 pm.**