## Social Value Grant Application



Project title:	
Applicant name: [your name or organisation]	
Contact information	
Address	
Postcode	
Phone: [your phone number]	
Email: [your email address]	
Organisation type	
Community group	Social enterprise
Registered charity	Individual applicant
	· ·
Not-for-profit group	Other (In your own words, what is your organisation type?)
If you are a registered charity, what is your HMRC reference number?	
Please select the priority areas(s) that be	est suit your application (tick all that apply)
Health & wellbeing	Learning & development
Financial security	
& support	Safety & control

Goals of the project

Other (please specify)

Who will benefit?

How many will benefit?				
Expected outcomes				
Budget and funding				
Amount requested for this project:				
Are there already any plans for funding				
from an organisation or council over the next two years?	Yes	No		
Safeguarding				
For any activities involving children, your policies in place, and can provide details		adults, we have strong safeguar	ding	
How will success be measured?				
Final thoughts				
Supporting documents				
Attach any relevant documents, such as testimonials, previous grant reports, or safeguarding policies.				
Application submitted by				
Your name:				
Your position:				
Date:				