



Government  
Equalities Office



## WOMEN'S VOTE CENTENARY GRANT SCHEME SMALL GRANTS - ROUND 2 APPLICATION FORM

### SECTION ONE - ABOUT YOUR ORGANISATION

1. What is the legal name of your organisation?

*This should be the same name as specified in your governing document.*

2. If your organisation has a name it uses on a day to day basis that differs from the legal name of your organisation please tell us here.

*Some organisations use a different name for their day-to-day activities, for example an abbreviated version of their legal name or trading name. Leave this section blank if this does not apply to you.*

3. If your organisation has a website or a Facebook page, please provide a link here.

4. What is the main/registered address of your organisation?

5. How would you describe your organisation?

We are interested in what type of organisations are applying for this funding. Please select the one option that is closest to how you would describe your organisation.

- Voluntary/community group
- Cultural or arts

- Heritage organisation
- Sports organisation
- Faith-based organisation, including places of worship
- School
- College or university
- Other

## 6. What is the legal status of your organisation?

You should select the option that applies to your organisation. If more than one option applies, please select multiple options. Please also tell us your registration number, if you have one, in the box.

**Unregistered organisation**

*Select this option if your organisation is not registered. If your organisation is not registered, you must provide a copy of your governing document.*

**Charity registered with the Charity Commission**

Registration number:

*Select this option if your organisation is a registered charity, charitable trust, charitable company or charitable incorporated organisation*

**Company registered with Companies House**

Registration number:

*Select this option if your organisation is a registered social enterprise, company with charitable aims or community interest company.*

**Community Benefit Society or Co-operative Society**

Registration number:

*Select this option if your organisation is a Community Benefit Society or Co-operative Society and is registered with the Financial Conduct Authority.*

**School**

Registration number:

*Select this option if your organisation is a school. Please provide your Department for Education number.*

**College or university**

Registration number:

*Select this option if your organisation is a further education college or university.*

If your organisation is **unregistered** you must provide a copy of your governing document, such as a constitution or memorandum of articles and association. A governing document should outline the rules that govern your organisation, including what it is set up for and how it is run.

**7. What is your organisation's annual income?**

*Tell us the approximate total income of your organisation at the end of your last financial year. For most organisations this will be your income during the year ending 31 March 2017. If you are a new organisation, please put £0.*

TEMPLATE

## SECTION TWO - ABOUT YOUR ACTIVITIES

1. What would you like to do? (300 words maximum)

*Please describe the activities you will deliver with this funding and how the activities will lead to more people celebrating or being inspired by 100 years of women's suffrage. Please see the guidance for small grants.*

**2. How many people do you expect to take part?**

*Please tell us how many people you think will attend or take part in your activities. If you do not know, please provide an approximate figure.*

**3. Who will benefit from your project? (200 words maximum)**

*Tell us about the people who your activities are targeted at. If your project is for the whole community, that is fine, but if your project is targeted at a specific group of people, please tell us who.*

*We are particularly interested in activities that target people who are underrepresented in civic life, including women, young people, Black and minority ethnic (BME) people, people living with a disability, lesbian, gay, bisexual and Trans (LGBT) people and people from lower socio-economic backgrounds.*

**4. When will you start your activities and how long will they run for?**

**Start date:** Click to enter a date

**End date:** Click to enter a date

*Activities should be either one-off or for a limited time only, and should start no later than 31 August 2018.*

*The start date is not the date when your event actually takes place but when you need to start the project as a whole, so this would include any planning or preparatory work.*

*We aim to let you know the outcome within four weeks of submitting your application. Please make sure you apply in sufficient time before your planned start date.*

**5. Where will your activities take place?**

*If your activities will take place in more than one location please tell us where the majority will take place.*

**a. Please tell us the local authority where your activities will take place.**

**b. Please tell us the Parliamentary constituency within which your activities will take place.**

*The UK Parliament runs a helpful website where you find constituency information: <http://www.parliament.uk/mps-lords-and-offices/mps/>.*

**c. Please tell us the region within which your activities will take place.**

*There are 9 regions in England: **London, South East, South West, West Midlands, North West, North East, Yorkshire and the Humber, East Midlands, East of England**. You can check the region by searching for the location of your activities on Wikipedia.*

## SECTION THREE - ACTIVITIES BUDGET AND BANK DETAILS

1. How much grant are you applying for?

2. Please tell us what you plan to spend the money on.

Costs	Amount from us £
E.g. room hire	E.g. £150
<b>Total</b>	

*For this application form, please keep your budget simple and use headings such as 'volunteer expenses', 'room hire' or 'refreshments'. You are not able to add additional lines.*

*If you have a more detailed budget that you will use for planning your activities, that is fine, but we do not need to see it.*

*Remember, the Women's Vote Centenary Fund Grant Scheme must be the only funder for your activities. Please see the 'Guidance for Small Grants' for information on the costs we will not fund.*

## Bank Details

*Applicants must have a bank account that matches the applicant organisation name. Please provide the bank account number and sort code into which you want the grant to be paid (if you are successful).*

Name of Account Holder:

Bank / Building Society Name:

Sort Code: e.g. 00-00-00

Account Number: e.g. 12345678

Roll Number: (if applicable)

- You must send us a copy of a recent (dated within the past three months) bank statement for this account along with this application form.
- It is a requirement that your bank account has at least two unrelated signatories. Please confirm below if you meet this requirement.

**Bank account has at least two unrelated signatories**



## SECTION FOUR - CONTACT INFORMATION

### Main contact

We will contact this person if we have any questions or require further information about your application or activities.

<b>Title:</b>	Click to select a title
<b>First name:</b>	<input type="text"/>
<b>Surname:</b>	<input type="text"/>
<b>Position in organisation:</b>	<input type="text"/>
<b>Phone number:</b>	<input type="text"/>
<b>Email address:</b>	<input type="text"/>

### Responsible person

This should be a different person to the main contact and someone who has a senior role within your organisation.

If you are a charity or community group it should be one of your trustees or committee members. If you are a registered company it should be one of your directors. If you are a school, college or university it should be the head teacher or someone in a leadership role.

<b>Title:</b>	Click to select a title
<b>First name:</b>	<input type="text"/>
<b>Surname:</b>	<input type="text"/>
<b>Position in organisation:</b>	<input type="text"/>
<b>Phone number:</b>	<input type="text"/>
<b>Email address:</b>	<input type="text"/>

## SECTION FIVE - DECLARATION

This should be completed by the responsible person.

### Tick the boxes to confirm you agree that:

- You are authorised by your organisation's governing body to submit this application and agree to the terms and conditions of the grant.
- All of the information provided is accurate and true to your knowledge, and you will notify us if anything changes.
- You understand that the personal data you have provided will only be used under the terms of the Data Protection Act.
- If information about this application is requested under the Freedom of Information Act, we will release it in line with our Freedom of Information Policy.

### Please also confirm that you have provided:

- A copy of your governing document if you are an unregistered organisation.
- A copy of a recent bank statement (less than three months old).

Name:

Position:

Date:

Please submit your application online at [www.womensvotecentenaryfund.co.uk](http://www.womensvotecentenaryfund.co.uk).

If there are any issues with the submission please contact us at [womensvotecentenaryfund@ecorys.com](mailto:womensvotecentenaryfund@ecorys.com). Please state your **application reference number** in any email communication about your application. You can find it on the application portal in the format 'SGFR2\xxxxxx'. If you do not have a reference number, please state in your email to which grant fund your query is related (i.e. **Small Grant Fund** or **Large Grant Fund**).