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| --- | --- |
| **Applicants Name:** |  |
| **Organisation Name:** |  |
| **Please indicate what type of organisation you are:** | * Registered Charity * Charitable Incorporated Organisation * Community Interest Company * Not-for-profit organisation * Registered Company * School * Other – please specify. |
| **Charity / Company number:** |  |
| **Email Address:** |  |
| **Website:** |  |
| **Social media links:** |  |
| **Office/Registered Address, including postcode:** |  |
| **Telephone/Mobile Number:** |  |

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| **Please tell us about your organisation: (min 100 words, max 500 words) Please use full word allowance.** |  |
| **How will you spend the money? (Min 100 words, max 500 words) Please use full word allowance.**  **What would you do with £500? Or what would you do with £5,000?** |  |
| **How will the money make a difference? (Min 100 words, max 500 words) Please use full word allowance.** |  |
| **Which areas of the Tees Valley will your project benefit?** | * Hartlepool * Middlesbrough * Redcar and Cleveland * Stockton on Tees * **Darlington** |
| **How many people will benefit from this project/funding?** |  |
| **Please indicate the charitable purpose(s) for which you seek funding:** | * Poverty and/or Hardship * Environment * Clubs and Activity Groups (excluding Sports) (includes Armed Forces, Emergency Services, Arts & Heritage) * Sports Clubs and Sporting Activities (includes individual sports persons) * Human rights and Community cohesion * Health and wellbeing * Employment and Training (including apprenticeships) |
| **How did you hear about The Teesside Charity’s Golden Giveaway?** |  |
| **Have you previously applied to The Teesside Charity’s Golden Giveaway? If so, what was the outcome?** | **YES / NO** |
| **Do you have a bank account in the name of your organisation?** Please do not write your bank details here! | **YES / NO** |
| **Do you have adequate insurance to cover your organisation and project?** | **YES / NO** |
| **Does your project or organisation involve working with young children and/or vulnerable adults?** | **YES / NO** |

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| **If you have not received funding from The Teesside Charity in the past, please provide two contacts whom we can approach for a reference.** | |
| |  | | --- | | REFEREE ONE | | **Name:** | | **Email address:** | | **Mobile/office number:** | | **Relationship to your organisation:** | | |  | | --- | | REFEREE TWO | | **Name:** | | **Email address:** | | **Mobile/office number:** | | **Relationship to your organisation:** | |

*Please return the application form to* [*grants@teessidecharity.org.uk*](mailto:grants@teessidecharity.org.uk) *with the following:*

*\* Insurance policy*

*\* A copy of your latest annual accounts*

*\* A copy of your constitution (if applicable)*

*\* A copy of your safeguarding policy*

*All applications will be shortlisted W/C 2nd June, and you will be informed of your outcome then. If successful, you will be asked to* ***send a copy of your most recent bank statement, password-protected.***