

The Retreat York Benevolent Fund

Funding individuals and initiatives to support mental health across the Quaker network

Grant Application for Projects and Initiatives

SECTION A

Applicant Information

Full Name: _____ Date: _____

Last

First

Address: _____

Address

City

County

Postcode

Phone: _____ Email _____

Local Meeting: _____ Area Meeting: _____

About you

- *What is the name of the organisation undertaking this project?*
- *Who will receive the grant and account for expenditure?*
- *What is the relationship between you (the applicant) and the organisation?*

Supporting Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Address

City County Postcode

Phone: _____ Email _____

Local Meeting: _____ Area Meeting: _____

Your Supporting Applicant should be someone who can describe the links between the project and Quakers; they should not be related to you.

Criteria these are the criteria we use to make sure each project meets our aims. Please describe within your application how your project meets these criteria

- Related to improving mental health
- Led by member(s) of The Religious Society of Friends
- The project or initiative will be conducted in line with Quaker values and behaviour.

SECTION B

Your Project

A one-sentence description of your project:

The following questions are just a friendly guide to help you fill in this section. You are welcome to answer them as you see fit.

What do you want to do?

- *What is the name of the organisation undertaking this project?*
- *What will your project involve?*
- *What are you trying to achieve?*
- *What activities or outputs are involved?*
- *Is this project new or a continuation of something already started?*
- *Who is involved in the project?*
- *How long will your project last?*
- *How will it be managed?*

Why do you want to do it?

- *How does your project connect to your Quaker faith and/or the faith of your meeting?*
- *How is your project part of promoting good mental health practice?*
- *What concerns are driving you and your meeting?*
- *Have you identified a particular need?*

What do you hope the impact of your project will be?

We want to fund projects that will promote good mental health practice. Please tell us what you hope to bring about as a result of your project, and who you hope to reach.

How will your local or area meeting be involved?

We fund projects that are run by Quakers, or that Quakers are involved in. Please can you explain the connection between the project and your faith.

- *Is it an entirely Quaker run project?*
- *Is it a project that individual Friends in your local or area meeting are involved in?*
- *Is it a project that your local or area meeting is partnering with or building connection with?*
- *Has the project or support for the project been taken to your local or area business meeting already?*
- *Anything else?*

Has the project been financially supported by your local or area meeting?

As we have a small pot of money, we want to make sure that the projects we fund really need the money. We understand that local or area meetings may not be in a position to fund projects, but would like to know if you have investigated this. To help us make our decision it would be useful to know:

- *Has the project been considered for financial support by local or area meeting?*
- *If the local or area meeting has decided not to fund the project, why not?*

Does the project already exist? (please tick)

Yes

No

If yes, please provide details on what has happened so far. If you have a recent report or annual accounts for the project, please enclose it.

If the project is a registered charity please provide brief details on the charity's work, and the charity's registration number:

SECTION C

Finances

How much are you requesting from The Retreat York Benevolent Fund?

Most of the grants we award are less than £5,000. We would not usually give a grant above £10,000 – this could be over more than one year.

There is no minimum grant.

How do you plan to spend the money? Please attach a budget to this application

We want to fund projects that are cost effective. Please provide a breakdown of costs for different items involved in your project – for example: materials, equipment, travel costs, publications and promotion or staff costs.

Would The Retreat York Benevolent Fund grant cover the full cost of the project? If not, have you secured alternative funding?

Please give details of any additional funding, or how you would plan to fund the full funding for the rest of the project. Are there any risks foreseen?

How will you keep your accounts?

It is our preference to pay the grant to your Area Meeting for them to manage. Alternatively if your project has a bank account we can transfer the grant to that account. It is possible for the Benevolent Fund to pay invoices, but please explain why that is necessary.

SECTION D

Declaration

I _____ apply for a grant from The Retreat York Benevolent Fund in respect of £ _____.

Signed _____

Date _____

This application is supported by:

[PRINT NAME]

[SIGNATURE]

[LOCAL AND AREA MEETING]

Date _____

Please send your completed form to Bal Saini at secretary@retreatyorkbfund.com.

*If you need to send paper information you can use our PO Box address, which is:
Retreat York Benevolent Fund, Office 102, 51 Pinfold Street, Birmingham, B2 4AY*

For advice and support about filling in the form please contact Alison Mitchell, Mental Health Development Officer on mhdo@retreatyorkbfund.com or 07483028490