

Small Grants Application Form 2017

Maximum grant £1000

1.	Contact Name:	
2.	Address:	
	Post Code:	
3.	Telephone/Mobile:	
4.	Project or Group Name (if applicable):	
5.	Tell us about your project	ct – what do you want to do?
E.g	. Tell us about the activities you	will run or what you will use equipment for, the people who will benefit, where it y you want to do it – we need to understand your plan

6. How will these activities improve the health & wellbeing of people living in Brighton and Hove?						
What will the project achieve for people? What difference will it make?						
That it is project dome to lot people. That amore to the it make.						
7. How will the BYC small grant make yoga more accessible?						
E.g. Will it allow people on a low budget to take part or people with disabilities? Will it be aimed at people who						
would never otherwise try yoga; will it be aimed at a marginalised community? If you plan to work with children,						
young people or vulnerable ad <mark>ults, please be aw</mark> are that you will need a <u>DBS Check</u> .						
8. When will your project/activity start?						
o. When will your project detivity start:						
9. How many people will benefit from the project/activity?						
or many people in the man and project activity.						
10. How will you know that it has worked?						
How will you show Brighton Yoga Foundation that it has been effective? E.g. photos or quotes, feedback forms or						
a case study, video diary, etc. We do not expect you to do all of these and we can support you to think about how						
you will evaluate the success of your project.						

11. What will you spend your grant on and when will you do it? (Please provide a breakdown of items and costs not just the total amount required)							
Description		Estimat Date	ed	Estimated Cost			
			Total				
12. Payment - please pro	ovide details of the accou	int for the mone	ey to be	paid into:			
Account Name:							
Account Number:							
Sort Code:							
13. Are you? (Please tic	k as applicable):						
In the event that you are average insurance, Charity number		act you for detai	ls of any	relevant informati	on such		
Registered Charity	Yoga Teacher:		An Individual:				
Company	Other Constituted Group:	I	Inforn	Informal Group:			

14a: If you are an organisation, please attach a copy of constitution or other governing document, plus at least 1 of the following:							
Copy of the most recent bank statement							
Examined Accounts							
14b: If you are a yoga teacher, please attach a copy of your insurance and information about the following:							
Yoga teaching qualification (when, where, how many hours, etc.)							
Any ongoing professional development:							
 15. Declaration: I/We declare that the information provided is true and that any and all funds awarded will be spent for the benefit of the community as stated and not for profit. (2 signatures required for organisations - one must be a member of your management committee or senior staff – only 1 signature if you are applying as an individual). 							
Signed:	Date:						
Print Name:	Position: (If an organisation)						
Signed: (2 nd signature only if an organisation)	Date:						
Print Name:	Position: (If an organisation)						

Please email completed application forms to relax@brightonyogafoundation.org

Closing date: 30th November 2017