

**RESET & RECOVERY GRANTMAKING PROGRAMME**

**APPLICATION FORM**

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| **SECTION 1 - APPLICANT DETAILS** | | | |
| Name |  | Role |  |
| Telephone |  | Email |  |

**SECTION 2 - DECLARATION**

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| --- | --- |
| In signing this form, I confirm:-   * that to the best of my knowledge the information provided on this application form is accurate; * that the proposed project is consistent with and intended to further or support the applicant organisation’s charitable objectives; * that this application has the support of the management of the applicant organisation; and * that the applicant organisation has up to date and relevant safeguarding policies. | |
| **Signed:** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 3 - ORGANISATION DETAILS** | | | |
| Name |  | No. of Employees  (Full Time Equivalent) |  |
| Address |  | No. of Volunteers directly involved in Service Delivery (not Trustees) |  |
| Charity Number |  |

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| **SECTION 4 - ORGANISATION BACKGROUND** |
| **Relevant Experience** (Detail activities & services currently provided to support individuals achieve and sustain recovery from addiction) |
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| **Key Achievement to Date** (Outline a key success story, significant impact or major milestone your organisation has achieved) |
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| **SECTION 5 – PROPOSED PROJECT**  **Applicants are reminded that only initiatives delivered exclusively for individuals with addictions can be supported.** | | | |
| Title: | | | |
| Anticipated  Start Date: | Anticipated  Completion Date: | | Duration: |
| Describe the **overall aim** of the Project | | | |
|  | | | |
| Describe the **activities proposed** | | | |
|  | | | |
| How does the proposed project **complement existing services** in the community | | | |
|  | | | |
| No. of **Individuals Directly Impacted**: | | No. of **Individuals Indirectly Impacted**: | |

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| **SECTION 6 – PROJECT OUTCOMES** |
| Will your project result in **behavioural or attitudinal change** in participants? Yes / No  Please describe the changes expected and how you will measure them. |
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| Will your project result in **increased skills or personal effectiveness** of participants? Yes / No  Describe the changes expected and how you will measure them. |
|  |
| Will your project result in an **increase in the quality of life or wellbeing** of participants? Yes / No  Describe the changes expected and how you will measure them. |
|  |

**SECTION 7 - PROJECT FINANCES**

|  |  |
| --- | --- |
| **Expenditure & Project Costs** | |
| - | £ |
| - | £ |
| - | £ |
| - | £ |
| - | £ |
| TOTAL COSTS | **£** |
|  |  |
| **Sources of Funding** |  |
| * Funding Secured (detail source) | £ |
| * Sought from LFT | £ |
| * Other | £ |
| TOTAL INCOME | **£** |
|  |  |