

**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:** |

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| **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 |
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| 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. |
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| 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. |
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**SECTION 7 - PROJECT FINANCES**

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