# The Livewell Foundation Full Application Questions (Word Version)

Note \* indicates a mandatory question.

\*Contact name

|  |
| --- |
|  |

\*Contact email address

|  |
| --- |
|  |

\*Contact telephone number

|  |
| --- |
|  |

\*Organisation name (legal name)

|  |
| --- |
|  |

\*Any other names your organisation is known by

|  |
| --- |
|  |

\*Organisation address

|  |
| --- |
|  |

\*Organisation email address

|  |
| --- |
|  |

\*Organisation telephone number

|  |
| --- |
|  |

\*Organisation website

|  |
| --- |
|  |

\*Organisation social media addresses (e.g. Facebook, Twitter)

|  |
| --- |
|  |

Organisation type

Registered charity

Unincorporated group or association

CIC

CIO

Other

Please state your charity number (if applicable)

|  |
| --- |
|  |

\*Number of full time staff

|  |
| --- |
|  |

\*Number of part time staff

|  |
| --- |
|  |

\*Number of trustees

|  |
| --- |
|  |

\*Number of volunteers (excluding trustees)

|  |
| --- |
|  |

\*Please provide a brief description of your organisation and its aims

|  |
| --- |
|  |

\*When was your organisation established (mm/yy)?

|  |
| --- |
|  |

\*What makes your organisation unique?

|  |
| --- |
|  |

\*What is your organisation’s experience? List two examples of projects your organisation has managed over the last two years.

|  |
| --- |
|  |

\*If you work with vulnerable adults or young people, do you have the appropriate safeguarding policies in place? (Note we may ask you to send copies as part of our due diligence).YesNo

\*Do any of your trustees, employees or affiliates have a relationship with any Livewell Foundation or Livewell Southwest employees who may have been involved with making decisions about the Livewell Foundation funding applications or have encouraged you to apply?YesNo

If yes, please give their full name(s).

|  |
| --- |
|  |

\*Project name

|  |
| --- |
|  |

Which of the 3 priorities is your project linked to?

Improve health and wellbeing

Reduce mental and physical ill health

Reduce social isolation

\*Please describe the purpose of the grant you are requesting (tell us about the problem it is trying to solve, the inputs required and activities you plan to carry out) **Maximum word count 500 words.**

|  |
| --- |
|  |

\*Main postcode where the project will be carried out

|  |
| --- |
|  |

\*Who will benefit from this project and how do you know? (Please tell us about your beneficiaries, the challenges they face and how you know that)

|  |
| --- |
|  |

\*Number of people that will benefit from this project

|  |
| --- |
|  |

Will your project be accessible to all?

Yes

No

\*Protected characteristics: Will your project be specifically targeting service users by age, gender, sexuality, ethnicity, disability or mental health problems?

YesNoDon't know

If yes, please specify

\*Will your project be specifically targeting service users by socioeconomic group or level of deprivation?YesNoDon't know

If yes, please select the appropriate following classification

Unemployed

Low income

Area of high deprivation

Rurality

\*Project start date

|  |
| --- |
|  |

\*Project end date

|  |
| --- |
|  |

\*What are the anticipated outcomes of the project?

|  |
| --- |
|  |

\*How will those outcomes be measured?

|  |
| --- |
|  |

\*Amount requested

|  |
| --- |
|  |

\*Total annual income (previous financial year)

|  |
| --- |
|  |

\*Total annual expenditure (previous financial year)

|  |
| --- |
|  |

\*Please state the year that this relates to

|  |
| --- |
|  |

If your last set of financial accounts are not available on the charity commission website, please upload a copy here

\*Please outline the costs of the project in detail

|  |
| --- |
|  |

If this project is also being funded by other sources, please outline the breakdown of funding and the corresponding names of funders/ funding sources

|  |
| --- |
|  |

\*Please provide a brief summary of your financial sustainability and reserves policy.

|  |
| --- |
|  |

\*Does the project have any environmental impacts, positive or negative?

|  |
| --- |
|  |

\*Organisation bank details: Bank name

|  |
| --- |
|  |

\*Organisation bank details: Account name

|  |
| --- |
|  |

\*Organisation bank details: Sort code

|  |
| --- |
|  |

\*Organisation bank details: Account number

|  |
| --- |
|  |

\*GDPR: We give consent for the information contained in this application to be stored electronically and for details to be shared with Foundation trustees, staff, contractors, donors and Livewell Southwest employees for review purposes. (Please refer to our privacy policy on our website to find out how we use your information.)YesNo

