

2019

THE GR CONSULTANCY GROUP

PROJECT FUNDING SOURCING

APPLICATION FORM



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APPLICATION FORM 2019

Organisation(s) Details			
Name of Organisation			
Type of Organisation		NGO	Yes/No
Vision or Mission			
Address			
Telephone	Work	Home	Mobile
Email Address			
History and Purpose of the Organisation			
Employees	___ Number of Full Time Employees– over 30 hours per week ___ Number of Full Time Volunteers – Over 30 hours per week		
Services Offered by the Organisation			
	Country:	City	
Proposed Funding Details			
Title of proposed project			
Background to Funding Sourcing (What opportunity or issue does your Organisation face that this funding would help address?)			

<p>Project Goals serrvices or products intended to be offered as a result of this funding?)</p>	<table border="1" style="width: 100px; height: 150px; margin-left: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																
<p>Project Funding Applying for:</p>	<input type="checkbox"/> Grant Funding from 0 up to \$50,000 <input type="checkbox"/> Grant Funding – from 0 up to \$100,000 <input type="checkbox"/> Grant Funding – from \$100,000 up to \$500,000 <input type="checkbox"/> Grant Funding – from \$500,000 up to \$1,000,000																
Budget Details																	
<p>Expenditure (List activities of the proposed project, time frame and proposed Budgets)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center; width: 80%;"><i>Item</i></th> <th style="text-align: center;"><i>Cost and period</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>Total Funding amount required:</td> <td> </td> </tr> </tbody> </table>	<i>Item</i>	<i>Cost and period</i>													Total Funding amount required:	
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Total Funding amount required:																	
<p>Further Information Please provide any further information or explanation that you think is required in support of this Funding sourcing application. Supporting Information Attached: (Tick those that apply)</p>	<input type="checkbox"/> Project Work Plan <input type="checkbox"/> Budget breakdown <input type="checkbox"/> Organisational Chart including Board of Directors. <input type="checkbox"/> Copy of your current certificate of registration. <input type="checkbox"/> Organisation’s Bank Account Details: <hr style="width: 80%; margin-left: 0;"/>																

DECLARATION

I, hereby declare that I am authorised to make this declaration on behalf of myself, or the applying Organisation. I confirm that:

1. The information contained in this Funding sourcing Application and supporting material is accurate and accept that if any information given, or representations made in this request, or subsequent correspondence, is found to be misleading or inaccurate in any material respect; then The GR Consultancy Group on behalf of it's Funding Partners may at its discretion discontinue the Funding process.
2. That the Organisation is a non profit making entity.
3. I, or my Organisation, am currently Operational.
4. I understand that the Funding Agency matched to my application may request other information that may be required to assess my application. I understand that in the event that we do not supply the requested information, then this application will not be assessed.
5. Summary information about the application and any resulting grant (including applicant name, purpose of the grant and level of funding) may be made publicly available.
6. I, as the signatory, have the authority to commit the applicant to this application/contract.
7. In submitting this application, myself as the applicant and if applicable the named Organisation acknowledges that the assessment of applications will be a subjective and relative process, and that the Matched Funding Agency has final decision-making authority in this process.
8. If I am successful in my Business Funding sourcing Application, I agree to enter into a Funding Agreement with the matched Funding Agency.

Signature _____

Date _____

Important Notes:

1. You can include additional pages to support your Funding sourcing Application. Please ensure these pages are numbered and have your Organisation's name at the top of each page.
2. Please seek the eligibility criteria and the Funding requirements from our Agents or website to ensure you comply with the requirements. Applications that do not meet the criteria or are incomplete will not be assessed.
3. All applications will be sent an acknowledgement within 24 hours of your application being received by The GR Consultancy Group's sourcing Department.
4. Please allow up to 72 hours from submitting your application. All applicants will be advised of the outcome of their application whether successful or not successful within 3 working days.
5. This form should be submitted ONLY if the Applicant is able to pay a Grant Sourcing fee of 450 GBP, upon confirmation of an available matching funding and signing of the funding sourcing Agreement.

NEXT STEP

Completed applications may be provided in either hard copy or electronic copy to:

The GR Consultancy Group
1523 Abington Ave, Northampton NN1, The United Kingdom.
Tel: +44 18 6453 0016
Email: info@grconsultancygroup.org
Website: www.grconsultancygroup.org

CONTACT PERSON'S PERSONAL INFORMATION	
FULL NAME:	
COUNTRY:	
NATIONALITY:	
TOWN/CITY:	
ADDRESS LINE:	
P.O.BOX:	
TEL:	
EMAIL:	
PROFESSION:	
POSITION:	
SIGNATURE:	