

For Office use only:

1 of 4

Application Number

2026/2027

Date Received

BRADFORD CITY CHALLENGE FOUNDATION LIMITED

APPLICATION FORM FOR GRANT 2026/2027

Please complete the form in full or state not applicable & use black ink.

PRELIMINARIES:

1. Name of Organisation

2. Name of Project

3. Location of Activity/Project

4. Applicant (contact name) Mr, Mrs, Miss, Ms

5. Position Held (e.g. secretary/manager)

6. Correspondence Address
Including Post Code

<input type="text"/>
<input type="text"/>
<input type="text"/>

7. Telephone Number

8. Email Address

9. Type of Scheme

(e. g. youth club, youth sports, youth education, advice centre, old peoples centre, respite care, religious group, infants group, day care, environmental activity, other – please specify)

10. **AMOUNT OF GRANT APPLYING FOR:**

£

Please do not include any amounts for wages or salaries as these cannot be paid with any grant given by Bradford City Challenge Foundation Ltd.

FINANCIALS:

11. What will our Grant money be spent on?

12. Total cost of Project (If different from 10) £_____

13. How do you propose to raise the difference? *Question 11 less Question 10* £_____
(Include funding both already granted and applied for.)

Amount	Source	Granted / Applied for
£		£
£		£
£		£
£		£

14. Are you aware of any other possible funding which you have not applied for? **YES/NO**

14a. If yes, what is the source and do you intend to apply for it?

YOUR ORGANISATION:

15 If you have received funding from the Foundation in 2026/2027

15a. Will the funds be spent by 31.03.2027?

Yes	No
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15b. Have you forwarded a brief report on the outcome?

Yes	No
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16. If you have not previously received funding from the Foundation

16a. How long has the organisation existed?

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16b. How is it constituted? (e.g. Trust Deed, Articles, Rules)

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17a. Who are on the Trustees / Management Committee?

Please attach the most recent Accounts and Annual Report or a list showing the names of the Trustees / Management Committee.

17b. Is it a Registered Charity?

Yes

No

17c. If yes, what is your Charity Number?

YOUR PROJECT:

18. Please describe your project stating its aims and who will benefit. Remember to show partnerships, linkage to other initiatives and community involvement. It is important to illustrate who will benefit and what difference this would make to your community.

Please see the Guidance Notes supplied, particularly 2, 3 and 4

Please use an extra sheet if necessary.

18a. What will be the measurable outcomes of your scheme?

19. Which other agencies are involved with this project?

20. How did you identify the need for this project?

21. What voluntary input do you expect?	

22. Does the project for which you seek support involve any potentially hazardous activity or risk? **YES/NO**

If yes, please describe the nature of this risk.

23. If your project involves hazardous activity or risk, have you or will you undertake a Risk Assessment Review before engaging in that activity. **YES/NO**

24. If any Risk Assessment indicates that the project will require supervision by adequately qualified personnel, will you ensure that personnel have relevant qualifications? **YES/NO**

Additional information to support your request: you may attach **one A4 sheet** if required.

Signature of authorised representative:.....

Date:.....

Print name:

CLOSING DATE:

**To be eligible for a grant this form must be returned by January 31st 2026, to:
The Secretary, Bradford City Challenge Foundation Ltd., Commerce Court, Challenge
Way, Cutler Heights Lane, Bradford, BD4 8NW.**

Have you enclosed your most recent accounts and any quotes for capital items?
(Amended 06/19)