

RICHMOND PARISH LANDS CHARITY

The Vestry House, 21 Paradise Road, Richmond TW9 1SA

Tel: 020 8948 5701 Fax: 020 8332 6792

Registered Charity Number 200069

This form may be emailed to [grants@rplc.org.uk](mailto:grants@rplc.org.uk)

RFO GRANT RENEWAL APPLICATION

|  |  |
| --- | --- |
| **Organisation:** |  |

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| --- | --- | --- |
| **Amount Requested**: | | **£** |
|  | |  |
| **Last Grant Received from the RPLC:** | | **£** |
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| --- | --- | --- | --- | --- |
| From your most recent **audited** or **management accounts** please complete the following: | | | | |
| **Income:** | **£** | **Expenditure:** | **£** | |
|  | | | | |
| **Year end**:  **+** **Surplus** or **– Deficit** : | | | **£** | |
|  | | | | |
| **Restricted** Reserves | **£** | **Unrestricted** Reserves | **£** | |
|  | | | | |
| **Reserves sufficient for how many months:** | | |  | |
|  | | | | |
| **Five main sources of income in the last 12 months:** | | | | |
| a) | | | | **£** |
| b) | | | | **£** |
| c) | | | | **£** |
| d) | | | | **£** |
| e) | | | | **£** |
|  | | | | |
| **List how the RPLC grant was spent last year:** | | | | |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Salaries** | **£** | **Previous year** | **£** | | **Staff – Full T** |  | **“** |  | | **Staff – P/T** |  | **“** |  | | **Volunteers** |  | **“** |  |  1. Which of the following **occurred** in the last 12 months? | | | |
| Increased membership |  | Improved service delivery |  |
| Wider public awareness |  | Increased user involvement |  |
| Additional services |  | Increased volume of work |  |

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| 2. What are the **two principal unmet needs** that you are trying to address through your work?  1.  2. |

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| 3. What **unexpected issues** did your organisation encountrer in the past 12 months? |
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| 4. What **statistical evidence** do you have of the impact of your grant?  Number of people helped from RPLC Benefit Area  Number of people helped within LBRuT  Other statistical evidence of impact: |
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| 5. Describe **how an individual has been helped** through this grant. |
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|  |
| 6. **What next?** How will your organisation make **any changes** as a result of   your evaluation? |
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| 7. What **other evidence** do you have that your organisation met the needs   that were described in your original application? |
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| 8. How have you ensured that **quality standards** are maintained? |
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| 9. What governance issues or changes have there been in the last year? |
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| 10. Please give details of any **new or reduced funding expected** in the next   12 months. |
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| 11.Please list **three targets** for your organisation in the coming year |
| 1.  2.  3. |

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| --- | --- |
| 12. What are the **principal concerns** for your organisation in the year ahead? | |
|  | |
|  | |
| 13. What involvement have you had with commissioning and if so, who are your partner organisations? | |
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| 14. Please add **any further information** which you would like brought to the attention of the Trustees. | |
|  | |
| Please attach/send at least **two photographs of your recent work** to the email with your application form, for which you give permission to the RPLC to use either in Reports or on our website. | |
| Name |  |
| Position in organisation: |  |
| Telephone no: |  |
| Email: |  |
| BACS Bank Acc. No: |  |
| BACS Sort Code: |  |

By completing this form and sending it to the RPLC you are agreeing that information may be retained electronically or by hard copy for internal use and future reference by the RPLC.

**Applicant’s Consent Form**

***This form must be completed by the Applicant before a grant can be processed.***

I agree to RPLC retaining details enclosed on the application form for use within the RPLC.

I understand that if I later wish to have my data removed I may contact RPLC’s office team on 020 8948 5701 or send an email to grants@rplc.org.uk

Please sign and date:

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |