

**Wade’s Charity**

**Grants for small groups in Leeds**

Small groups in Leeds\* can now apply to Wade’s Charity for single grants of up to **£300.** Administrated by Voluntary Action Leeds (VAL) funding can be applied for to cover any costs, but your group or organisation must be providing opportunities for recreation or social activity. If your organisation would like to apply for a grant please complete both sides of this form and return to VAL.

VAL welcomes more applications from neighbourhood, community and ethnic minority groups who are currently under-represented. We cannot accept applications from organisations primarily involved in education or health or Community Interest Companies.

**Please send applications to: Eleanor Parry, Wade’s Charity Applications, VAL, Stringer House, 34 Lupton Street, Hunslet, Leeds LS10 2QW.**

\*Please note that Wade’s Charity is only able to award grants to small groups in Leeds operating within the pre-1974 Leeds City Boundaries and **with an income of less than £20,000.**

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| **Your name:** |  |
| **Organisation name:** |  |
| **Organisation address:** |  |
| **Registered charity number:**(if applicable) |  |
| **Contact telephone number:** |  |
| **Email address:** |  |
| **Website or social media addresses:**(if applicable) |  |
| **Specific areas of Leeds your organisation operates in:** |  |
| **What does your organisation do, what activities do you provide and who does it benefit:** |  |
| **Where and when do you meet?** |  |
| **How do you promote your activities?** |  |
| **Signed: Date:** |
| **Have you discussed your grant application with a colleague at Voluntary Action Leeds (VAL), if so, please give brief details:** |
| **Have you applied for a Wades Grant previously, if so, please give details including the date:** |
| **Please enclose a copy of your latest bank statement (less than 3 months old) and a copy of your latest signed annual accounts. If you are a new organisation and do not have accounts, please send a budget or cashflow forecast. Your application cannot be considered without these.** |
| If your application is successful, payment will be made by Bank Transfer.Please provide the following details, without this we cannot proceed.**Account Name:****Sort Code:****Account Number:** |
| **Please enclose a copy of your latest bank statement (less than 3 months old) and a copy of your latest signed annual accounts. If you are a new organisation and do not have accounts, please send a budget or cashflow forecast. Your application cannot be considered without these.** |
| **Please state the amount applied for:** |
| **Please tell us why the grant is required, what it will be used for:** |

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| **Applications can be submitted throughout the year until the grant is spent. Applications are reviewed monthly.** |
| **Telephone 0113 297 7920 ∙ info@val.org.uk ∙ Registered Charity No. 225863 ∙ Company Limited Guarantee No. 555150** |