**Kiln Cliffs Nurture Fund**

**To encourage enterprise and inspire young people to thrive and prosper.**

**To enable young people to develop new skills, unlock potential and gain new positive experiences.**

**Who can the Fund help?**

* Individuals aged between 16 and 25 years of age (inclusive) who have resided for at least one year within a five-mile radius of Mundesley, Norfolk, extending from Overstrand in the West, to Walcott in the East and North Walsham to the South (eligible villages are listed on the website).

**Who is the Fund unable to help?**

* The fund will not consider requests within three years of a previous grant.

**What can the Fund help with?**

* Academic and professional training costs.
* Costs associated with starting-up a business / other enterprise.
* Extra tuition fees and lessons, including driving-lessons.
* Equipment / materials, such as a bicycle to get to work or college.
* Costs associated with a hobby / new skill / interest.
* Professional guidance.

**Items the Fund CANNOT assist with:**

* Items or activities that have already been paid for.
* Mobile phones / contracts.
* Utility bills, council tax or rent.
* Loans, debts or bankruptcy fees.
* Medical services and equipment.
* Help with moving house.
* General subsistence costs.

**Things to consider**:

* The maximum grant award is £500.
* In most cases, the fund can only assist with one item per application.
* **There are two decision-making meetings per year, one in February and one in August.**
* Grants are to begin being spent within eight weeks of being awarded.
* Applicants are asked to provide evidence of the cost of the required funding in support of their application. If successful, individuals will be required to complete a brief report stating how the grant was spent and what difference it has made.

**Questions or Need Help?**

We aim to be flexible to assist those most in need. If you are unsure whether your request will meet our criteria please phone Norfolk Community Foundation on 01603 623958 or email: [grants@norfolkfoundation.com](mailto:grants@norfolkfoundation.com)

**Application Form**

Please ensure you complete all sections of the application form and sign the declaration in Section 5. Incomplete applications will not be considered. Please write/print clearly in blue/ black ink. All applications must be countersigned by the personal referee in Section 8, and if the applicant is under the age of 18 by a parent/guardian.

On the application form you need to provide details about how and when you plan to spend the money. If successful, you will be required to tell us how you spent the grant as part of our auditing.

**Section 1 – Your Details**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: | |
| Postcode: | |
| Telephone: | Email: |
| Your age: | |
| Where did you hear about this grant? | |

**Which of the following best describes you? *(Please tick)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employment: | Full time 🞏 | Part-time 🞏 | Casual 🞏 | Unemployed 🞏 |
|  | Student 🞏 |  |  | |

**Section 2 – Payment Details**

If you are awarded a grant, it must be paid via bank transfer into your bank account. Please provide your bank account details below. If you do not have a bank account please provide the bank details of a friend, relative or organisation who can receive payment on your behalf.

|  |  |
| --- | --- |
| Account name (exactly as it appears on your bank account):  Name of bank/ building society:  Sort code: Account number: | |
| This is the name on **my** bank account | Yes / No |
| This is the name on my **friend/relative’s** bank account | Yes / No |

**Section 3 – Your Household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. of adults |  |  | No. of children (under 18 years) |  |

|  |  |  |
| --- | --- | --- |
| Have you or anyone in your household received a grant from the Kiln Cliffs Nurture Fund before? | Yes ☐ | No  ☐ |
| If yes, please provide details below: |  |  |
|  | | |

**Section 4 – How you would use a grant (tick and give details below)**

|  |  |  |  |
| --- | --- | --- | --- |
| Academic / professional training |  | Hobby / New skill / Interest |  |
| Starting up a business / other enterprise |  | Professional guidance |  |
| Extra tuition fees and lessons, including driving lessons |  | Other |  |
| Equipment / materials, such as bicycle to get to get to work or college |  |

|  |
| --- |
| Please give details of the item you are requesting, including approximate costs and where you have sourced these:  (Please note that you cannot apply for a grant if you have already paid for the item). |
| Please tell us why you have applied for a grant and how the grant will help you. You can do this **either** by completing this written section **or** by recording a short video or voice recording.  (We will send your video/voice recording to the independent panel who will be assessing the grant applications, so please ensure any foreground and background in your frame protects your anonymity. If you have chosen to record a video or voice recording please visit [www.wetransfer.com](http://www.wetransfer.com) to send your file to [grants@norfolkfoundation.com](mailto:grants@norfolkfoundation.com) and please send it from the email address you have provided on this form). |
| Please give details of how you are contributing to your request:  (E.g. by working part-time to support the request, or studying towards a relevant qualification, etc.) |

|  |  |
| --- | --- |
| How much are you applying for? (maximum £500) |  |
| Would the grant cover the full cost of the request? If not, how would the remainder be funded? |  |

**Section 5 – Applicant Declaration**

Please read this section carefully. We are unable to accept an application if this section has not been completed. It will give details of how we will use the information you have provided in this form, and how we will store it.

Norfolk Community Foundation will record and retain the information on this application form on our database. It will be only be used to help review and assess your application in association with the fundholder and their appointed representatives, to administer and monitor any grant awarded, or for other grant-related activity undertaken by Norfolk Community Foundation. For further information on how Norfolk Community Foundation uses and protects the information you give us, please read our Privacy Policy online at: [www.norfolkfoundation.com/privacy-policy/](http://www.norfolkfoundation.com/privacy-policy/).

* I confirm that I have read and understood the Application Information.
* I confirm that the information given by me in this application form is correct.
* I agree that I will spend the grant in the way I have described and will send in feedback and copies of receipts as required.
* I agree that if any information changes prior to an award being made I will notify Norfolk Community Foundation at the earliest opportunity.
* I give permission for Norfolk Community Foundation to record the information provided in this form electronically and to contact me by telephone, email or post in order to process this application.
* I give permission for Norfolk Community Foundation to contact my referee.
* I understand that this application form and any video I provide will be shared with the fundholder and/or their appointed representatives who will form the decision-making panel.
* I understand that decisions of the decision-making panel are final.

|  |  |
| --- | --- |
| Signed: | Date: |

**This must be completed by a parent or guardian on behalf of the young person applying for a grant who is under the age of 18.**

* I give my consent to their application.
* I agree with the statements set out in the applicant’s declaration.

|  |  |
| --- | --- |
| Parent / Guardian First Name: | Last Name: |
| Parent / Guardian Signature: | Telephone: |

**Section 6 – Referee**

This section is to be completed and signed by a non-family member who can provide a supporting statement to confirm where you live, why you need support and details of the requested item. Ideally the referee will be working in a professional capacity (e.g. tutor, teacher, social worker, GP or nurse, minister of religion, business owner etc.)

|  |  |
| --- | --- |
| Name: | |
| Job title: | |
| Organisation: | |
| Address/Postcode: | |
| Telephone: | Email: |

|  |  |
| --- | --- |
| How do you know the applicant? |  |
| How long have you known the applicant? |  |
| Please add a short statement of support for the application in the space below: | |

**Referee Declaration:**

* I know this applicant and their situation.
* I have read the completed application form and to the best of my knowledge it is a true reflection of the situation and need of the applicant.
* I am happy to be contacted about this application if required.

Please note, if the applicant is under 18 years old, you may be contacted to support the awardee take up the grant offer and return any monitoring as part of the grant conditions.

|  |  |
| --- | --- |
| Signed: | Date: |

**Submitting your application**

**Completed applications can be sent by post or emailed using the following details:**

Norfolk Community Foundation

First Floor Carmelite House

2 St James Court

Norwich

NR3 1SL

[grants@norfolkfoundation.com](mailto:grants@norfolkfoundation.com)

**Kiln Cliffs Nurture Fund is managed and administered by Norfolk Community Foundation, Registered Charity No. 1110817**

**What will happen next?**

Your application will be reviewed and checked to make sure it meets the eligibility criteria. We will assess your application in line with the fund criteria and present to an independent panel for a decision. Once a decision has been reached we will write to you. If approved, you will receive a grant offer email with the grant payment and information about any monitoring to be returned. If it is not successful you will receive an email explaining the reasons.

If you need any help completing this application form please contact Norfolk Community Foundation on 01603 623958.