



Equality Small Grants Scheme 2025-26 Application Form

Please note: Text boxes will increase in size as you type.

1. Details of Organisation/Group			
Name of organisation/group			
Address of organisation/group			
Organisation/Group email			
Telephone			
Website or brief description of the organisation/group			
Contact Name			
Position in organisation/group			
Your email			
Is the organisation/group	Constituted?		Non-constituted?
Type of organisation/group Tick all that apply			
Voluntary or Community Organisation		Community Group or Club	
Charitable Incorporated Organisation*		Registered Charity*	
Company Limited by Guarantee*		*Registration Number	
If it is another type of not-for-profit organisation, please provide more details			

2. Details of Project	
Title of the Project	
How much are you applying for? (Max is £1000 but please only apply for what you need)	£
Description of the project	

Aims of the project	
Intended outcomes of the project	

3. Details of who is going to benefit

The geographical area/s within the district the is project reaching	
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Please describe which Protected Characteristic group/s is the project targeting. Please be as specific as you can and where possible, include potential numbers. For more information, please read the Guidance.

Age:	
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Disability:	
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Gender reassignment:	
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Pregnancy and maternity:	
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Race:	
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Religion or belief:	
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Sex:	
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Sexual Orientation:	
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Which of the following equality objective does your project meets? At least one must be ticked and for more information please read the Guidance.

Challenging inequality: Activities which aim to eliminate discrimination/advance equality by improving outcomes and access for people to services, information and/or employment, including raising awareness of equality issues.	
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Celebrating diversity: Activities which celebrate or raise awareness of diverse cultures/communities/identities, bring people together, aim to build strong and cohesive communities and/or reduce prejudice or hate crimes and incidents.	
Support for protected characteristic/minority/disadvantaged groups: Activities which reduce isolation, build resilience and independence, help people stay safe, help people learn or prosper, or help people stay healthy.	
The Council Plan 2024-27 sets the strategic direction for the Council. Please state how your project will contribute to its delivery. For more information, please read the Guidance.	

4. Financial Breakdown	
How much is being applying for? Max is £1000 and only apply for what you need	£
If applicable, in total how much will the project cost?	£
How will the grant be spent? Please provide a clear breakdown setting out the key elements of your project that show how our grant will be spent e.g., tasks, activities, equipment, staffing. For more information, please read the Guidance.	Amount breakdown of key elements

Are any parts of the project or activity being provided in-kind, from volunteer support or from your own funds? Please provide a clear breakdown	Breakdown of key elements

If applicable, please list all other sources of income/possible additional funds you have applied to for this project e.g., District/County Council, Big Lottery

Name of Funder	How much have you have applied for and is the funding, applied for or has it been confirmed?				
	£	Applied?		Confirmed?	
	£	Applied?		Confirmed?	
	£	Applied?		Confirmed?	

5. Policies and Procedures

Please confirm with Yes, No or N/A:

Where required, have staff and volunteers had Disclosure and Barring Service (DBS) checks carried out?

Have staff and volunteers working with children and young people under the age of 18 or vulnerable adults had Enhanced Disclosure and Barring Service (DBS) checks?

Does the organisation/group have a Safeguarding Policy and Procedures in place?

Does the organisation/group have its own bank or building society account and is it in the name of the organisation/group?

Are all cheques and other withdrawals signed by a minimum of 2 people who are not related to each other and who do not live in the same household?

If you answered No or Not Applicable to any of the statements above, please state why:

6. Declaration

Terms and Conditions:

- I certify that the information contained in this application, and in any documentation submitted in support of the application, is truthful and accurate to the best of my knowledge. I understand that any misleading statements (whether deliberate or accidental) in this form will render this application invalid and may make the organisation/group named as the lead in this application ineligible to receive funding.
- I acknowledge that receiving the grant is conditional upon signing a grant agreement with the Bromsgrove District Council.
- I certify that, if funding is provided, it will only be used for the purposes specified in this application and be used within the period by 31 March 2026.
- I will immediately inform the Policy Team at Bromsgrove District Council if my organisation/group foresee difficulties in carrying out the work which the District Council's funding will support.

I confirm that the organisation/group named has authorised me to sign this application on their behalf.

Signature (scanned in or by hand)	
Name (in block capitals)	
Position in organisation/group	
Date	

7. Returning the Application Form

Closing Date – Midday Wednesday 2 April 2025

Please note applications received after the closing date and time will not be accepted.

Please email your application to:	equalities@bromsgroveandredditch.gov.uk
Please post your application to:	BDC Equality Small Grant Scheme 2025-26 Policy Team, Parkside, Market Street, Bromsgrove, B61 8DA

In line with Bromsgrove District Council's practice, we will be publishing details of all successful grant applicants and funding approved on the Council website.

If you have any questions, queries or concerns including having any difficulties completing this form please refer to the Guidance Document or email equalities@bromsgroveandredditch.gov.uk or call (01527) 548284.

The Privacy Notice is at the end of the Guidance Document.