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jmf

## PLEASE READ BEFORE STARTING YOUR APPLICATION

### How to Complete this form

The first step is to make sure you **SAVE** your application by clicking on the "**Save my progress and resume later**" box above. You will be prompted to enter a lid email address and choose a password.

You can then come back to it and resume that a later date if you need to. You can navigate to different pages on this form by clicking on a page number on the top right hand corner or using the "Next" or "Previous" buttons at the end of each page.

After completing the form you will proportunity to review your answers before submitting the application.

You can also print a copy for your records. Acc you've submitted your application you will receive a confirmation email containing a copy of the information you submitted on your application.

# Where is your Organisation based? \* Please select... Organisation Name \* Working Name (If Different) Street \* Town/City \* County

Postcode *	
Office Email *	
Office Phone *	
Website Link	
Facebook Link	
Twitter Link	
Other Social Media Li	nk
Where did you hear a	bout us? *
These are the details	NTACT PERSON that will be used for main correspondence purposes
These are the details Title *	NTACT PERSON that will be used for main correspondence purposes
These are the details Title * First Name *	that will be used for main correspondence purposes  Please select
These are the details  Title *  First Name *  Surname *	that will be used for main correspondence purposes  Please select
These are the details  Title *  First Name *  Surname *  Position Held *	that will be used for main correspondence purposes  Please select
These are the details  Title *  First Name *  Surname *  Position Held *	that will be used for main correspondence purposes  Please select   A
These are the details  Title *  First Name *  Surname *  Position Held *	that will be used for main correspondence purposes  Please select   A

Postcode *	
Email *	
Telephone Number *	
Other Telephone Number	
Do you want to add an alternative	contact person? * Ptrase select •
- Section 3 - ABOUT YO	UR ORGANISATION
In the question below it is possible	e to select multiple legal satuses by holding down Ctrl + Alt at the enter a charity or/and a company number if you select a status that
Legal Status *	Please selection Registered Charity Charitable Incorporated Organisation
Year Established *	Charity Registration Pending
What best describes the type of w	ork you do? (Please tick all that apply.) *
☐ Trying to build and strengther	communities
☐ Working in partnership with oth	ners
☐ Carrying out trust#building initia	atives
Addressing previously unmet	geeds
☐ Providing advice and support	
☐ Trying to change attitudes and	broaden horizons
Please provide details about the organisation.	e Staff, Board Members and Volunteers who work with your
Number of Paid Full Time staff *	Number of Volunteers *
Number of Paid Part Time staff *	
Number of Board Members (this i trustees, company directors etc.)	ncludes management committee members, *

Number of Board Members remunerated in any capacity within the organisation

(this includes salaries, professional and session	nal fees). *
Section 4 - YOUR POLICIES AN Please indicate which documents and policies y	
A Constitution? *	Please select ✔
Produce Annual Accounts? *	Please select. ✓
Produce an Annual Report? *	Please select. ✔
Have a management committee? *	Please select. ✔
Have a written Equal Opportunities_Policy? *	Please select ✔
Have a Safeguarding Policy? *	Please select. ✔
If you are shortlisted, you will be asked to ex following documents (except your constituti as:	kpand on your initial narrative and submit the ion) within a week of receiving notification, as well
<ul> <li>A job description, if applying for funding for</li> <li>Signed grant conditions form</li> <li>Minutes from your committee meetings</li> <li>Copy of a recent Bank Statement (to confirmance of the bank account should match the Latest Annual Accounts</li> <li>Latest Annual Report</li> <li>List of management committee</li> <li>Equal Opportunities Policy</li> <li>Safeguarding Policy</li> <li>Outputs and Outcomes Document</li> </ul>	m the group's bank details if awarded a grant. The

-		annual accounts please provide the following information
	Tell us the year of your	most recent accounts *
	Annual Expenditure *	£
	Annual Income *	£

https://www.tfaforms.com/5189118

2025, 10:45	John Moores Foundation - Expression of Interest Form
Free Reserves * £	
Section 6 - BANK	ING DETAILS
Name of Bank *	
Bank Account Name *	
Sort Code *	
Bank Account Number *	
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purpose of your grant request.

### Section 7 - BRIEF SUMMARY OF YOUR FUNDING REQUEST

In no more than 10 words, please tell us what you want to spand any grapt on (e.g. running costs, volunteer expenses, a particular salary or project) \*

As part of this Expression of Interest Form, the Trystees of the John Moores Foundation would like you to provide a narrative to describe your organisation, the need that you are addressing and the

In the next section it is essential that you provide substantial information covering the points listed in the next paragraph as this summary will be key to de liding if your application will progress for full consideration based on JMF's funding criteria. This texts is limited to 400 words.

In your summary, please include brief information about the group's background, available services, any major successes you want to highlight, the number of people supported in a year, what you need the funding for, and the difference you hope the leading will achieve.

Before you start your narrative, please to JMF's Al policy, which can be accessed on this link.

We also require groups to submit a project budget at this stage i.e. much funding are you requesting from John Moores Foundation - if applying it Northern Ireland, please note that the maximum requested amount considered per annum is \$5,000.

Your Request Summary for the Trust	
Where specifically will the project be	delivered? (in which Wards where appropriate) *
Section 8 - HOW MUCH	ARE YOU REQUESTING?
Our trustees will consider applicat	tions for a maximum of 3 years
What is the duration of your funding r	request ? * Please select •
What is the duration of your funding r	request ? * Please select •
	Tiodas dolect
What is the duration of your funding r	Tiodas dolect
	roject?*
When are you planning to start the pr	roject?*
When are you planning to start the pr	roject?*
When are you planning to start the pr	roject?*  ling any
When are you planning to start the provided when would you hope to start spending ant from JMF? *	roject? *
When are you planning to start the property when would you hope to start spending and from JMF? *  How much will the project cost in total	roject?*  ling any
When are you planning to start the property when would you hope to start spending and from JMF? *  How much will the project cost in total	roject? *  ling any  al? * £  g from John Moores Foundation - if applying in Northern
When are you planning to start the property when would you hope to start spending and from JMF? *  How much will the project cost in total	roject? *  ling any  al? * £  g from John Moores Foundation - if applying in Northern
When are you planning to start the property when would you hope to start spending and from JMF? *  How much will the project cost in total	roject? *  ling any  al? * £  g from John Moores Foundation - if applying in Northern

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Please attach an Income and Expenditure Budget \* Choose file No file chosen

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Section 9 - IMPACT OF THE FUNDING	
Who are the primary beneficiaries that the funding will support? (Please tide all the	at apply)
☐ Adults with few or no educational qualifications	
☐ Black, Asian and minority ethnic people	
☐ Carers	
☐ Children and young people aged 5 and over	ì
☐ Families needing support	
☐ Homeless people	
Refugees	
☐ Those in poor physical or mental health	
☐ Those suffering discrimination	
☐ Those suffering from poverty and financial crisis	
☐ Women including girls	
Other	
Number of people who will directly benefit from this funding in a Year *	
Section 10 - DATA PROTECTION	
The information provided in this grant application will be checked against John Meligibility criteria. We may contact you if we require any clarification.	oores Foundation
Full details about our Data Protection and Privacy policies can be downloaded he	ere

application. *	nission to process your data we shall be unable to process and assess your
O Yes	
O No	
If your application is s	uccessful, we may like to contact you in the future about other Foundation
initiatives. Please con email. *	firm that you give the John Moores Foundation your consent to get in touch by
O Yes	
O No	
🖵 agree for John M	s form, I confirm that all the information in this application is accurate. I oores Foundation to store and process my data. I have read, understoo terms and conditions of the grant as stated above.
່ agree for John M and agree to the	oores Foundation to store and process my data. I have read, understoo
□ agree for John M   and agree to the	oores Foundation to store and process my data. I have read, understoo terms and conditions of the grant as stated above.
agree for John M and agree to the and agree to the second Reposition held (Job Title)  To submit your applica	oores Foundation to store and process my data. I have read, understoo terms and conditions of the grant as stated above.
agree for John M and agree to the and agree to the second Reposition held (Job Title)  To submit your applica	tion click on the "Submit Your Application" button on the NEXT PAGE. You w

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### Section 12 - DIVERSITY MONITORING FOR GRANT APPLICANTS

John Moores Foundation's trustees have set themselves the aim of becoming a more diverse organisation and funder. To help them achieve this we need to know a bit more about the organisations that are applying to us and who is successful. This will give us a baseline from which we will be able to measure progress on an annual basis towards the trustees' aim and ensure that all organisations are being treated fairly.

Therefore it would really help us if you would provide a bit more information below about the people running the organisation and those who will be benefitting from a grant. There is no need to answer any of the questions, but, if you do, thank you for your help with this.

### TYPE OF PEOPLE WHO WILL BENEFIT

Do any of your beneficiaries fall within any of the categories below?

Black or Racial Minority

Please select...

**LGBTQ** 

Please select...

Disabled

Please select...

Other disadvantaged

Please select... ▼

minority

### ORGANISATIONAL LEADERSHIP -

The following information will not be used in any part of the decision making process and nor will it be possible to identify any individuals from it.

How many Board Membe	rs do you have?
Do any of your Board me more than one category)?	mbers identify as the following (any person can be counted in
Female	Please select ➤
Male	Please select ▼
Black or Racial Minority	Please select ▶
Disabled	Please select ▶
LGBTQ	Please select ▼
Other disadvantaged minority	Please select ✔
How many Senior Manage	ers do you have?
Do any of your Senior Ma more than one category)?	nagers identify as the following (any person can be counted in
Female	Please select ✓
Male	Please select ✔
Black or Racial Minority	Please select ✔
Disabled	Please select ✔
LGBTQ	Please select ✔
Other disadvantaged minority	Please select ✔

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**Submit Your Application** 

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