

Big Lottery Fund



Small Grants Data Capture Form

ZAPP_SMALL_IGL v3.14 2017_05_03_1505

Form reference: 984BE163FD6C1ED888BE7C229A2D235A

About your organisation

What is the full legal name of your organisation, as shown on your governing document?*

Awenek Studio C.I.C

Does your organisation use a different name in your day to day work?*

☐ Yes

☒ No

What is the main or registered address for your organisation?*

Postcode*

PL10 1LA

Find Address

Have you been able to find the correct address?

☐ Yes

☒ No

Are you sure the postcode is correct?

☒ Yes

☐ No

Occupant	Top Nissan Hut East
Sub-building name	
Sub-building number	
Building name	Maker Heights
P O Box	
Building number	
Address 1	
Address 2	TORPOINT
Address 3	
Address 4	Millbrook
Town or city	Cornwall
Postcode	PL10 1LA

What is the main telephone number for your organisation?

Country	United Kingdom	Phone Number	
---------	----------------	--------------	--

What is the main email address for your organisation?

This should be the email address people use to contact your organisation

Does your organisation have a website?*

- ☐ Yes
- ☒ No

What type of organisation are you?*

Select your organisation type from at least one of these categories?

Charity	
Company or mutual society	Company - Limited by Guarantee
Public sector	
School	
Other	

Give any reference or registration numbers you have.

Charity Commission for England and Wales

Charity Commission for Northern Ireland

Office of the Scottish Charity Regulator

Companies House

10895722

Financial Services Authority

Health Authority number

School reference number

Other reference or registration number

Please give details:

What is your VAT status?*

- ☐ VAT registered
- ☒ Not VAT registered

When was your organisation set up?*

Give the date when your organisation adopted its current legal status.

Day

01

Month

Jan

Year

1999

Is your organisation a branch or department of a larger organisation?*

- ☐ Branch or Department
- ☒ Independent

What is your organisation's current financial position?*

Select one option and fill in the amounts from your accounts or projection.

- ☒ Information from the latest accounts approved by your organisation.
- ☐ 12 month projection because you've been running less than 15 months.

Accounting year ending*

Day

31

Month

Jan

Total income for the year (£)*

Total expenditure for the year (£)*

Surplus of deficit at the year end (£)

Total savings or reserves at the year end (£)*

Have your accounts been independently audited?*

- ☐ yes
- ☒ no

Does this programme require bank details?*

☒ Yes☐ No**Bank or building society details**

Bank or building society name*

Bank or building society address

Sub-building name

Building name

Building number

Sub-building number

Occupant

PO Box

Dependent thoroughfare

Thoroughfare*

Double dependent locality

Dependent locality

Town or city*

Postcode*

Account details

Organisation name on statements or passbook*

Awenek Studio CIC

Is this the same as on your governing document?*

☒ Yes☐ No

Account number*

Sort code*

Building society roll number, if applicable

Address your bank or building society has for your organisation for this account

Sub-building name

Building name

Building number

Sub-building number

Occupant

PO Box

Dependent thoroughfare

Street*

Double dependent locality

Dependent locality

Town or city*

Postcode*

☒ Check this box to confirm this account meets our bank or building society account requirements.

Who should we contact if we have questions about your application?

They must be someone who runs or works for your organisation. We need their date of birth and home address for our standard fraud prevention checks.

Please check the details we hold about you (highlighted in blue). Are they still correct?*

☐ Yes

☒ No

If you selected 'No' in error, please select 'Update details' below and make no changes.

Would you like to update your details below or enter the details of a different person?*

☒ Update details

☐ Different person

Title*

Forenames*

Surname*

Date of Birth*

Job or position*

Home address

Postcode*

Day Month Year

Primary contact

Find Address

Occupant

Sub-building name

Sub-building number

Building name

P O Box

Building number

Address 1

Address 2

Address 3

Address 4

Town or city

Postcode

Have they lived at this address for the last three years?*

☒ Yes☐ No

daytime phone*

Evening phone

Mobile phone

Email

The email address should be the one they use for your organisation. We'll use this whenever we get in touch about your project.

Communication needs*

If you have any other communication needs, please give details.

Which language would you like us to use whenever we get in touch with this contact?*

[WALES & UK PROGRAMMES ONLY]

☐ Welsh☒ English

Please select the country of the contact's address(es) and telephone number(s).

Telephone Number

Address

Please select the address for all project-related correspondence* Main organisation address

Does this programme require a secondary contact?

☐ Yes☒ No**Does this programme require a legally responsible contact?**☒ Yes☐ No**Who in your organisation will be legally responsible for the funding?**

They must be over 18 years old and they can't be the same as the person we should contact if we have questions about your application. We need their date of birth and home address for our standard fraud prevention checks.

- For companies they should be a director or the company secretary.
- For schools they should be your head teacher.
- For local authorities and health bodies they should be your chief executive or a director.
- For town, parish or community councils they should be the clerk to the council.
- For all other types of organisations they should be your chair, vice chair or treasurer.

Title***Forenames*****Surname*****Date of Birth***Day Month Year **Job or position***

Home address**Postcode***

Find Address

Have you been able to find the correct address?☒ Yes☐ No**Occupant****Sub-building name****Sub-building number****Building name****P O Box****Building number****Address 1****Address 2*****Address 3****Address 4****Town or city****Postcode*****Have they lived at this address for the last three years?***☒ Yes☐ No**daytime phone*****Evening phone****Mobile phone****Email**

The email address should be the one they use for your organisation. We'll use this whenever we get in touch about your project.

Please select the country of the contact's address(es) and telephone number(s).

Telephone number

Address

Communication needs*

If you have any other communication needs, please give details.

Which language would you like us to use whenever we get in touch with this contact?*

[WALES & UK PROGRAMMES ONLY]

- ☐ Welsh
- ☒ English

About your project**What would you like to call your project?***

Give your project a short title, something we can use in publicity.

You can write up to 70 characters (including spaces).

Awenek Community Arts for all in Cornwall

Character count: 0

What does your project involve?*

Summarise what you plan to do, using straightforward language.

You can write up to 4,000 characters (about 600 words).

Character count: 1

When are you planning to start and finish your project?*

your start date must be after the date when we'll tell you our decision.

Start date* Day Month Year

Finish date* Day Month Year

Where will your project take place?*

Give the location of the places where your project will happen.

- If your project will take place at (or be run from) a single location, enter its postcode, put 100 per cent and select it as the main location.
- If your project will take place at (or be run from) a number of locations, add more rows and estimate a percentage for each one. Then select one postcode as the main location.
- If the location doesn't have a postcode, use one for a nearby building.
- For Heroes Return and International programmes, only one project location should be entered and this should be the correspondence address

You can enter up to 20 locations in the table. If there are more than this select the top 20.

Building name (or number) and street*	Postcode*	% per location*	Main location*	
none	PL10 1LA	100	<input type="checkbox"/>	Remove
Add row		Total	100	

Beneficiary location

Select the location of the beneficiaries.

UK country or region

How will people benefit from your project?*

please provide at least one outcome:

Outcome 1:

N/A

Outcome 2:

Outcome 3:

Outcome 4:

Outcome 5:

Outcome 6:

How much funding would you like from BIG?*

Description	Amount from BIG (£)
Revenue items	
	10,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total revenue	10,000
Total capital	0
Total	10,000

Beneficiary Monitoring

Does this require beneficiary monitoring?*

☐ Yes

☒ No

Declaration

☒ Tick here to confirm declaration completed and to perform pre-upload validation checks..

Attachments

You can attach files up to a total of 8MB. The total size of all your attachments is 0MB

[Add File](#)[Open File](#)[Remove File](#)[Check individual attachment sizes](#)

The total size of all attachments in bytes is:

For office use only: