

The Boshier Grant Scheme Application Form

1. Organisation information	
Name of organisation	
Registered charity number	
Registered address, including postcode	
Date of charity registration	
Pare of enamy registration	
Website	
Brief description of organisation (100 words)	
Brief descriptive title of project - this can be a creative title or description of the project you are applying for funding for (25 words)	
Location where project will take place	
Total organisation income from most recent audited accounts	
Total organisation expenditure from most recent audited accounts	
2. Contact details	
Name of person completing application form	

Job title	
Email address	
Phone number	
Name of senior member of staff supporting this application	
Job title	
Email address	
Dhana numbar	
Phone number	
3. Project details	
Which of the following themes do	oes your project demonstrate (please tick all that apply).
☐ Values autistic individuals ; it ut for each individual.	understands and appreciates what autism is and how it is unique
☐ Maximises autistic power ; autiand make distinctive contributio	istic people are empowered to control how they live their lives ns that influence the world.
☐ Guarantees support ; it provide all backgrounds, at all moments	es seamless diagnosis, support and care for autistic people from of need throughout their lives.
• • •	vices; it designs spaces and services that are autistic inclusive, cognise that not all autistic people have the same preferences.
\Box Is free from discrimination; it repand doesn't accept being told t	jects stereotypes and stigma, removes the expectation to mask, o fit in as acceptable.
Which priority area does your pro	oject come under? (tick all that apply)
Public understanding and repres	entation \square
Education □	
Work and employment \square	
Diagnosis □	
Public services and specialist car	re 🗆
Families and support networks \Box	

ease provide a brief description of the project (max. 300 words) stating clearly what your project trying to achieve and how the project will benefit autistic people specifically .				

hosting support grou	ake place throughout ups, how often will the lace in order to set yo	se happen? Pleas	se be specific and o	also list the activities
	ilestones you expect t getting groups fully sul 00 words)			

Why is your project needed? Please tell us about the specific need of the autistic people/ their families that you are trying to address. (500 words)		

Who will be your primary beneficiaries? These beneficiaries must be autistic people specifically.
Do you expect there to be any secondary beneficiaries?
Diagra tall us have you avaget your project to hangfit gutistic poople who experience
Please tell us how you expect your project to benefit autistic people who experience intersectional inequalities. Please refer to the <u>Equality Act</u> for more information.
<u> </u>
How many people will benefit from this project?
What are the ages of the people your project will benefit?
Titlat are the ages of the people your project will beliefly

	or project (list up to three)? Please detail what you think the part in this project. An example could be 'autistic women will d social isolation'.
What is your expected start date (projects must start before 31 March 2025)?	
What is your expected finish date?	
Is your project for capital works?	
4. Monitoring and evaluation	
to check your project is having the	has achieved its outcomes? What information will you collect desired impact? For example, if you will use surveys to gather s, and what information you will ask. (500 words)

If successful, will you be willing and able	to host a site visit from the donors to see the work in
person?	
Yes/no	
5. Financial information	
What is the total cost of this project?	

How much are you asking for from The Boshier Gran Scheme?			
If you are not asking for th	ne full amount, how is th	he rest of the project beir	ng funded?
	_		
Please provide a full budo add or delete columns as		ın be in word document	or excel format: (please
	-		

If your project lasts more t funding?	han one year, how do you plan to sustain it beyond the lifespan of this
6. Bank details:	
Bank account name	
Sort code	
Account number	

7. Other information

Is there anything else you would like to tell us to support your application?
Declaration
By ticking this box, you confirm you have read and agree to the terms and conditions. \Box
By ticking this box, you confirm that all of the details contained in this application form are true and correct. \Box
By ticking this box, you confirm that you are willing to be contacted via email with the outcome of your application. \Box
Signature
Date