

**Small Grant Application Template 2025**

The Charles Plater Trust is a Catholic grant-making charity established in 2006 to continue the work of Fr Charles Plater SJ in building social justice through education: [www.plater.org.uk](http://www.plater.org.uk). It has awarded more than £4.5 million to 170 UK charities to date.

Your application ***must*** explain how the project for which you are seeking funding aligns with our mission of promoting social justice through education in its broadest sense. Please refer to our five criteria against which we assess all applications received (see our guidance note to applicants on our website).

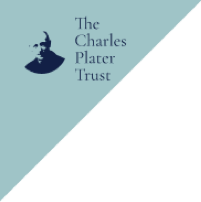
This application template is designed to help you pre-prepare your responses, before completing our online application form. It shows all 40 questions that the online form asks. Please note that we ***only*** accept applications online via our website. Best of luck!

**Section 1: Your contact details**

Please enter below the details of the responsible nominated person for CPT to contact to discuss this application.

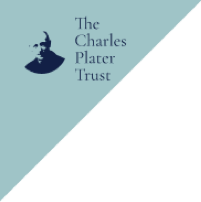
*Please note that while we actively welcome multi-partner projects, an application from a consortium of organisations will only be eligible if a responsible nominated person from a lead organisation is clearly identified here.*

|  |  |
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| **1.1 First name** | **1.2 Last name** |
| **1.3 Job title** |  |
| **1.4 Telephone number** |  |
| **1.5 Email** |  |



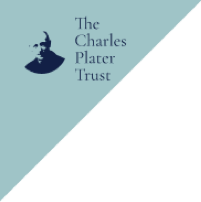
**Section 2: Your organisation**

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| **2.** **Name of your organisation**: | |
| **2.1** **Address of your organization:** | |
| |  | | --- | | . Street | | . City | | . County | | . Postal Code | | . Country | | |
| **3.** **Is your organisation a Registered Charity or CIC?** | |
| *Please note that we can only fund charities or CICs that are legally registered or are working towards their charitable status. Please provide your charity registration number. Please discuss your charitable status with us if you are in any doubt.* | |
| We are a registered charity or CIC in England and/or Wales  We are not a registered charity or CIC in England and/or Wales  **3.1** **Please provide your Charity number:** | |
| **4. Does your organisation also have a Company Number**? | |
| Yes | No |
| **4.1 Company Number:** |  |
| **5.** **Organisation’s website**: | |
| **6:** **Organisation’s social media links:** | |
| **7.** **Please tell us briefly about your organization**  *What is its purpose, who do you serve and why your work is important?*  *(Max 150 words)* | |

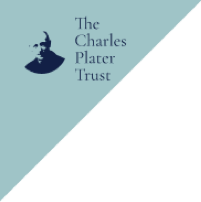


**Section 3: Your project proposal**

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| **8. Please enter the name of the specific project you’d like CPT to support:** | |
| *(25 words maximum)* | |
| **9.** **Describe this project** | |
| *Please provide a brief description of what you are asking The CPT to fund. Please note that if you are successful we will also use this information to publicly describe the work (50 words maximum)* | |
| |  |  |  | | --- | --- | --- | | **10. Which of CPTs three educational funding themes would this proposed project be directly contributing to?** | | | | *Your work must relate to one or more of our educational priority themes for it to be eligible. If more than one theme is covered then, please tick all themes that apply.* | | | | Leadership for lay people | Educational Social Action | Applied Research | | |
| **11. How much funding in total are you applying for?**  *Please enter a round number (no decimals). Please provide the total amount you are requesting from The CPT. Small grants usually are for one year of funding only.* | |
| **12. How many months of support are you applying for?**  *Please enter the number of months, to the nearest whole month. Please note we provide support for a maximum of 12 months for a small grant..* | |
| **13. What are the activities, services, or outputs the CPT grant will fund?**  *This is one of the CPT’s key criteria for assessing grant applications. We want to understand what you plan to deliver and over what period. This question is likely to include details about: the type of activities provided, who delivers the activities, the average length of time you work with individuals, duration of sessions, frequency of contact, where the activity is delivered, how the activities are provided and the number of people you intend to help each year.*  *(200 words maximum)* | |
| **14. What one area of need best describes the project you are seeking funding for?** | |
| *If there is more than one area of need then please just choose the one that is*  *most addressed by the planned work* | |
| Criminal justice | Marriage and relationships |
| Homeless | Education |
| Non-sector specific | Drug and alcohol recovery |
| Migration and asylum | Disability |
| Vulnerable women and girls | Mental health |
| Children and young people | Physical health |
| Family Support | Care for the Environment |
| Older People | Other |
| Public Services |  |
| **15. Financial Summary of last two years of organisation’s financials:**   |  |  |  | | --- | --- | --- | | **Financial Year** |  |  | | Total. annual income |  |  | | Total annual expenditure |  |  | | Annual shortfall/surplus |  |  | | Amount of unrestricted reserves |  |  | | |
| **16. What kind of change will CPT funding help you to achieve?**  *For example, individual beneficiary outcomes; organisational development; wider policy or practice changes and so on.*  *(maximum 100 words)* | |

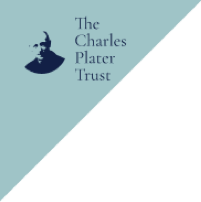


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| **17. How do you know this work is needed?**  Are you aware of other organisations addressing the need locally? |
| *This is one of the CPT’s key criteria for assessing grant applications. Please provide details of how you know this work is needed. This could include knowledge gained from work you have done before, consultations with beneficiaries, the research of others, or evidence of outcomes from a pilot and so on.*  *(200 words maximum)* |
| **18. For the grant you are requesting, please state the number of direct intended beneficiaries.**  *This is one of the CPT’s key criteria for assessing grant applications. Please tell us how many unique individuals/ groups (if appropriate) you expect will directly benefit as a result of this grant.* |
| **19. For the grant you are requesting, please state the number of any *indirect* intended beneficiaries**.  *Indirect beneficiaries might be a wider community or society population group if you are intending practice/policy change outcomes.* |
| **20. Please explain how you have calculated these beneficiary figures**.  *(50 words maximum)* |
| **21. What outcomes (practical results, changes and/or improvements in the**  **lives of the people you help) do you hope to achieve with this funding?**  *This is one of the CPT’s key criteria for assessing grant applications. Please provide specific details of the measurable short term and longer-term change(s) you plan will happen in people’s lives as a result of your work. Outcomes can be for individuals, families, your own organisation or for wider communities and society.*  *(300 words maximum)* |
| **22. Please tell us if, and how, intended project beneficiaries have been consulted and involved in your project design and delivery**. |
| *Beneficiary involvement is one of the CPT’s five key criteria for assessing grant applications as we keen to ensure that beneficiaries have a say in the way activities are designed and how organisations are run. We ask all applicants to be clear about how they involve beneficiaries and users, how they get their feedback and how they use this to ensure that activities reflect their actual needs, as well as what level of ongoing involvement in project decision making beneficiaries are intended to have. But we also recognize that user involvement is far from straightforward and there may be many valid reasons as to why beneficiaries cannot be partially or fully involved. So we ask you to explain here what level of user involvement you feel is appropriate for the project you wish us to fund. Please see the ladder of participation tool on our website for more guidance.*  *(200 words maximum)* |
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| **23. How will you monitor and evaluate the work you are planning to deliver with this funding?** |
| *i.e. how you will know whether, and to what degree, your project has been successful?*  *(250 words maximum)* |
| **24. Please explain how you think the work you’re asking us to fund aligns with the 5 Catholic Social Teaching (CST) values of the Charles Plater Trust**  *This is one of the CPT’s key criteria for assessing grant applications. Please refer to the ‘Our Values’ section on the CPT website and describe how your work aligns with one or more of our values. Please note we cannot fund work that does not contribute to CST.*  *(200 words maximum)* |
|  |
| **25. Please provide a brief supporting statement from an independent, external referee as to why they assess that your project will achieve its purpose.** |  |
| *25.1 Referee’s name:* |
| *25.2 Referee’s organisation* |
| *25.3 Reference - 200 words maximum)* |



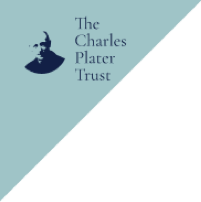
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| |  | | --- | | **26. What is the scale of the planned work ?** | | *Please note we don't fund any work outside England or Wales. Please tick all boxes that*  *may apply.* | | The work would be local e.g. a specific parish or neighbourhood | | The work would be regional e.g. at diocesan, county or shire level | | The work would be national e.g. across England and/or Wales | | | |
| **27. Where in the country will impact be experienced by the project?** | | |
| London | South West | West Wales |
| South East | Yorkshire and the Humber | Mid Wales |
| North West | East Midlands | South Wales |
| East of England | North East | South West Wales |
| West Midlands | North Wales |  |

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| **28. When do you need this funding to start?**  *Please provide the month and year you would like the funding to start. If the project is dependent on securing additional funding, give the month and year you hope to have secured all the funds. Please note, it can take up to four months to advise you of our decision.* | |
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**Section 4: Financial information**

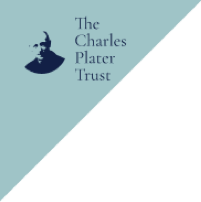
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| **29. Recent annual accounts**  *Please upload your organisation’s most recent set of annual accounts here* |
| Upload file here |
| **30. What is the total amount required to fully fund the proposed project?**  *The total of all the funds you need to deliver all activities and associated running costs of this work over the period stated.* |
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| **31. Please upload a project budget for the work you are asking us to fund:** |
| *Please note that CPT cannot fund either capital costs or organisational core costs and these should not be included in any project budgets. We only fund revenue costs which are the costs of making projects happen. They occur during the project, for that project. The maximum file size is 10MB. Please ensure that you click the 'Attach file' button after you have identified which file you want to upload in order to attach it*. |
| Upload file here |
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**Section 5: Additional Supporting Information for Monitoring**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **32. What is the size of your organisation?**  *The small grants programme is targeted at micro and small charities only. Please note that you are not eligible to apply for a small grant with us if your annual income is over £100,000.* | | | Less than £10,000 | **Micro** | | | £10,000 to £100,000 | **Small** | | | £100,000 to £1m | **Medium** | | | £1m to £10m | **Large** |  | | £10m to £100m | **Major** | | | | | |
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| **33. Is your organisation a faith based one?**  *Please note that we fund organisations of all faiths and none as long as our values align.* | | |
| Yes | No | Don’t know |
| **34. Is your organisation BME-led or Disability-led?** | | |
| *Charities are now required to have an equality, diversity and inclusion policy. By self- identifying as a BME-led organisation we mean that 51% or above of the board and senior management team are Black, Asian or from other Minority Ethnic backgrounds. By Disability-led organisations we mean that 51% or above of the board and senior management team are deaf or disabled.*   |  |  |  | | --- | --- | --- | | BME-led | Disability-led | None of above |   *If you ticked, ‘none of the above’ please tell us here if members from Black, Asian or from*  *other Minority Ethnic communities and/or deaf people or people with disabilities are*  *involved with your organisation as either employees, volunteers or as beneficiaries.* | | |
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| **35. Which part of the country are you organisation’s headquarters?** | | |
| London | South West | West Wales |
| South East | Yorkshire and the Humber | Mid Wales |
| North West | East Midlands | South Wales |
| East of England | North East | South West Wales |
| West Midlands | North Wales |  |
| **36. Does your organisation have an up to date safeguarding policy?** | | |
| *In order to be eligible for funding from the CPT your safeguarding policy must be up to date and your staff /volunteers must have suitable training and support to deal with any safeguarding issues. Please upload a copy of your full organisational safeguarding policy.*  *We need a complete policy, not an extract from it*. | | |
| Yes | No |  |
| **36.1 Safeguarding Policy** | | |
| Upload file here |  |  |
| **37. DBS/PVG Checks** |  |  |
| *Please select to confirm that appropriate DBS/PVG checks are carried out for all staff and volunteers working with children and/or adults with care and support needs.* | | |
| Yes | No – if DBS/PVG Checks are not necessary,  please explain why | |
| 37.1 If DBS/PVG check are not necessary, please explain why | | |
| Not applicable - *We understand that there are circumstances where Disclosure and Barring checks are not necessary. If you consider this to be the case, please provide an*  *explanation.* | | |

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| **38. Is there anything else that you would like to tell us about your organization or your request for funding?** |
| *The purpose of this question is to give you an opportunity to tell us anything else which you feel is important but not covered by the questions we ask.*  *(100 words maximum)* |
| **39. Please could you tell us where you found out about this grant programme?** |
| **40. Have you experienced any issues whilst completing this application form?** |
| *(100 words maximum)* |



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| **Confirmation and Authorisation Data Protection Statement** |
| We will process all personal data provided to us for the purposes of assessing your application, managing, or monitoring any grant awarded and any related administration or research purposes in accordance with our privacy policy, a copy of which can be viewed here.  Third party data: No personal data concerning third party individuals should be included within your application form without their explicit knowledge that their information will be shared with the CPT and potentially other grant makers, and their written consent; below you will be asked to confirm this before the application can be accepted. Any additional excessive personal information will not be considered and immediately deleted. Can we please therefore ask that you do NOT include details of named or identifiable individuals, for example, their job title, connection to your organisation, physical attributes, or other descriptions, either in details of beneficiaries aided, case studies provided, or in any other information. Should you have reasons why such information should be provided to us, please contact us before sending us the information.  Collaborating with other Grant Makers: We reserve the right to disclose non- personal information, regarding your application, activities, and organisation, to other grant makers unless you expressly request otherwise. No personal data will be shared with other grant makers for this purpose.  Detection of fraud: We reserve the right to share personal information to detect and prevent fraud and do not require your consent. |
| I have read and accept the statement above |
| I confirm that, to the best of my belief, all information provided in this application is true and correct and I am authorised to submit this application on behalf of the organisation. |
| I have read and accept the statement above |
| I confirm that the written agreement and permission (to pass their personal information to the CPT) for all individuals identified in our application has been obtained. |
| I have read and accept the statement above |