

Day for Life Grant Application Form

Thank you very much for taking the time to apply for a Day for Life grant.

Before submitting your application, please make sure that you have carefully read all the information about the Day for Life Fund on the [Bishops' Conference website](#). We will be offering grants of up to £10,000 of project costs for specific projects to be undertaken over the course of a year. Grants will be dispersed in October 2025 and will require a report at the end of September 2026 outlining the outcomes of the project the grant has funded. Any unspent money must be returned at the end of October 2026. If you are awarded a grant, you will be sent a Grant Agreement form, which sets out the terms and conditions and requests your organisation's bank details. Once signed, the grant is released.

If you have any questions, please email dayforlife@cbcew.org.uk and we will get back to you as promptly as possible.

The closing date for applications is Tuesday 15 July 2025. To submit your application, please email dayforlife@cbcew.org.uk, attaching this completed form and any other supporting documents. Please set the subject heading as 'Grant Application – Day for Life'.

Please note: you will be asked to provide a supporting comment and signature from a referee at the end of this form. The referee should be able to make a judgment on the importance of your project and why your organisation or group has the potential to complete the project with good outcome.

Section One

Contact details	
Name of organisation	
Charity Number <i>Please fill in only if you are a charity</i>	
Nature of organisation <i>Please fill in only if you are not a charity</i>	
Postal Address	
Full Name of Contact Person	

Role of Contact Person	
Email Address of named contact	
Telephone number	
Name of diocesan bishop <i>We may contact your local diocesan bishop about your project.</i>	

Section Two

Organisation details	
<p>What are the themes concerning life issues that concern your organisation's work? Please underline (<u>U</u>) the relevant answers and provide more information, if necessary.</p>	<ul style="list-style-type: none"> • Start of life • End of life • Grief relating to start or end of life issues • Pregnancy • Miscarriage • Hospice and terminal care • Dementia care • Other (please specify and briefly explain below):
<p>How does your organisation undertake its work? Please underline (<u>U</u>) the relevant answers and provide more information, if necessary.</p>	<ul style="list-style-type: none"> • Education (ie providing workshops or resources) • Advocacy (ie organising campaigns) • Practical Support (ie providing housing or donations) • Research • Other (please specify and briefly explain below):
<p>How is your organisation funded? <i>We want to ensure that we support organisations which are in most need of funding.</i></p>	
<p>Please provide information about your annual income and reserves: <i>If possible, attach a summary of your latest accounts statement at the end of the form, or as a separate attachment.</i></p>	

The closing date for applications is Tuesday 15 July 2025. Please send completed applications and supporting documentation by email only to dayforlife@cbcew.org.uk.

<p>Have you or anyone from your organisation had contact with any staff or volunteers at the Catholic Bishops' Conference of England and Wales? Please underline (<u>U</u>) the relevant answer and provide more information, if necessary: <i>Your answer will not affect the outcome of your application, yet this information is required for transparency</i></p>	<ul style="list-style-type: none"> • Yes (please specify the contact person and reason for contact): • No
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Section Three

Project details	
Please specify the amount of funding requested (up to the maximum of £10,000)	
Project title	
<p>In approximately 500 words, please describe your proposed project below. The answer should include the following:</p> <ul style="list-style-type: none"> • What the project will specifically deliver – including: <ul style="list-style-type: none"> ○ What are the aims of the work to be funded by Day for Life? ○ How does it match the overall mission of Day for Life? ○ Why is it needed? ○ What practical results will it produce? ○ How many people will it benefit? ○ What stage has the project reached to date (if already in progress)? ○ How will the work continue after Day for Life funding ceases? • How the project will be monitored and evaluated so that the success of the project (and its use of Day for Life funds) can be assessed. • Where relevant, confirm that the organisation has a Child Protection Policy and that criminal records Bureau checks which comply with Safeguarding Legislation, and Safer Recruitment Requirements are carried out on all staff working with children. 	

Please provide a detailed budget, set out as a spreadsheet or table, which should state clearly the size of the grant being sought, a detailed breakdown of the budget for the project as well as the total costs of the project (including funds from other sources, if applicable).

Please note: successful applicants will need approval from the Catholic Bishops' Conference if they need to change how their allocated grant money is spent in order to undertake their project.

Example:

Description of item or activity	Number	Unit cost	Total

If the proposed project requires additional funding beyond that offered by the Day for Life grant, what are the other sources of funding that you have (including donations), and the amount, or what other grants have you applied for or are intending to apply, including the amount?

We want to see that the Day for Life grant would realistically contribute to fulfilling your project.

Is there any other information that you would like to provide as part of your application? Please include below or attach within your email when submitting this form (maximum 500 words, or appropriate attachments).

Certification

Please complete and sign the declaration below and send it with your application.

I confirm that the information supplied below is, to the best of my knowledge, true and accurate. If successful, the grant will be used for the specific purposes stated.

Name of Project Lead:

Signed: Date:

For the referee

Name:

Relationship to Applicant/Organisation:

I confirm that I have read and approved this application.

Signature of referee Date.....

Short statement/comment in support of the application: