

Expression of Interest  
**UnLtd Road Safety Development Awards**

**PERSONAL DETAILS**

First name:	Surname:
Date of birth:	Daytime telephone number:
Home Address:	Evening telephone number:
	Mobile:
E-mail address:	National Insurance number: (Only used to ensure you are a UK resident)
Website address:	

**Have you previously been an UnLtd Millennium Award Winner? Yes / No**  
 If 'Yes' what was the name of the Award scheme and when did you receive the Award?

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**FUNDING**

Project name:	
Project Description (one sentence)	
When did you start your project?	
What legal structure do you have in place?	
Have you had an UnLtd Road Safety Challenge Award?	
What was your project's income level for the last 12 months?	
How much was grant income or donations to your project?	
How much was earned income?	
How much income have you generated since the start of the project? (figure includes value of in-kind support documented since 2004)	

How much funding do you need to take your project to the next stage?

Amount requested from:	Amount:
UnLtd Road Safety Challenge Award	
Others	

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Please provide an outline of the major items of expenditure you are applying to UnLtd for.

Expenditure:	Amount:
<b>Total</b>	

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**Please complete your answers under each question ensuring you do not exceed the word limit.**

**ABOUT YOUR PROJECT AND YOU**

**1. The Social Problem**

- a. Please describe the specific road safety problem that your project is trying to address. (Max 400 words)**

- b. Who are your target beneficiaries? (Max 400 words)**

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**c. What evidence do you have that your beneficiaries' needs are unmet? (Max 400 words)**

**d. Why are other groups/agencies failing to address the road safety problem you identify? (Max 400 words)**

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- a. **What products and/or services do you deliver to solve this road safety problem? (Max 400 words)**

- b. **Who are your actual and potential customers in this market? (Max 400 words)**

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	Actual	Potential
Current Customers		
Previous Customers		
Prospective Customers		

**3. Social Impact**

**a. How do you measure and monitor the social impact of your project? (Max 400 words)**

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**b. What measurable social impact has your project demonstrated so far? (Max 400 words)**

**c. How many direct beneficiaries have you worked with? (Number)**

**d. How many beneficiaries do you hope to work with during the next 12 months? (Number)**

**4. Competition**

**a. Who are your main competitors? (Max 400 words)**

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**a. Please describe your sales and marketing activities. (Max 400 words)**

**6. You & Your Team**

**a. What is your current position within the project? (Director, founder, chief executive, paid member of staff) (Max 400 words)**

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**b. Tell us about you as the founder or key driver in this project. What is your motivation for being involved in the project? (Max 400 words)**

**c. How many people does your project employ, and what role do they fulfil? (Max 400 words)**

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**d. How many volunteers does your project have, and what role do they fulfil?  
(Max 400 words)**

**e. Please describe the skills and experience of any board members, mentors or  
key supporters. (Max 400 words)**

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**f. Please describe any partnerships you have in place. (Max 400 words)**

**7. Progress to date**

**a. What achievements have you made to date? Please list your key milestones. (Max 400 words)**

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**8. Future Plans**

- a. What are your plans for your project in the next 12 months? Please list key milestones (Max 400 words)

**9. Finance**

Please give us a financial overview of your project for the last 12 months and a forecast for the next 12 months.

	12 month history	12 month forecast
Income		
Total grants		
Total sales		
<b>Total income:</b>		
Expenditure		
Fixed costs		
Variable costs		
<b>Total expenditure</b>		
<b>Total profit / loss</b>		

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**TAILORED SUPPORT**

- a. **Please outline specific areas of support you think you might need. E.g. legal advice, marketing strategy, investment readiness etc. Please be as specific as you can. (Max 400 words)**

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**REFERENCES**

<b>Referee one:</b>	
First Name(s):	Surname:
Job Title:	Address:
Telephone Number:	Postcode:
E-mail Address:	

<b>Referee two:</b>	
First Name(s):	Surname:
Job Title:	Address:
Telephone Number:	Postcode:
E-mail Address:	

**SIGNATURE**

I confirm that, as far as I am aware, all the information on this application form is true and correct. I understand that you may ask for more information at any stage of the application process or when the project is running.

Your signature: (Please type your name. You may be asked to sign a printed version of the form if you are shortlisted).	
Name:	Date:

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### DATA PROTECTION ACT

UnLtd and the Millennium Awards Trust collect and share elements of this information with other organisations for research, educational, training, administrative and funding purposes, and to ensure that the Fellowship and Trust comply with regulations and required standards. Statistics will be gathered to monitor provision and to plan future provision. We do not trade or share our mailing lists with any other body.

From time to time reports, newsletters and other materials may be sent to you. If you do not want to be contacted for these purposes please tick this box .

### MARKETING

#### How did you find out about UnLtd Road Safety Challenge Awards?

- |                          |  |                          |             |                          |                   |
|--------------------------|--|--------------------------|-------------|--------------------------|-------------------|
| <input type="checkbox"/> | From an Award Winner   | <input type="checkbox"/> | Newspaper   | <input type="checkbox"/> | Word of mouth     |
| <input type="checkbox"/> | Internet   | <input type="checkbox"/> | Radio or TV | <input type="checkbox"/> | Leaflet or poster |
| <input type="checkbox"/> | Referral from another community project or local charity<br>(Please give details): |                          |             |                          |                   |
| <input type="checkbox"/> | Other (please give details):   |                          |             |                          |                   |

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## UnLtd Road Safety Development Awards

### Equal opportunities

All our staff, clients, partners, suppliers and any other person who we work with must follow our equal opportunities policy and not discriminate against anyone for any reason.

Please help us monitor this policy by giving us the following details. We will use the information we ask for on these sheets solely for statistical purposes, and it will not form part of your application assessment. We will separate this sheet from your application form when we receive it.

First name:	Surname:
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**Gender**  Male  Female

**Do you have a disability?**  Yes  No

If 'Yes' please give details of your disability

**Age**  16-18  18-25  26-36  37-47  48-58  59+

**Please tick the box or boxes that best describe your ethnic origin.**

**White**  English  Scottish  Welsh  Irish  
 Northern Irish  
 Other White (please give details)

**Asian or Asian British**  Indian  Pakistani  Bangladeshi  
 Other Asian (please give details)

**Black or Black British**  Caribbean  African  
 Other Black (please give details)

**Chinese or Other Ethnic**  Chinese  Other ethnic group  
 (please give details)

**Mixed**  White & Black Caribbean  White & Asian  White & Black African  
 Other mixed (please give details)

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**Please tick the box which best describes your employment status.**

- Self employed     Full time employed     Looking after home/family  
 Unemployed     Part time employed     On government training scheme  
 Student     Retired     Unable to work due to sickness/disability

**What qualifications do you currently have?**

- NVQ (please tell us the level)     Professional qualification  
 CSE, GCSE or A Levels     Self taught     Degree or postgraduate course  
 Other (please give details)

**For Northern Irish Applicants**

**Please tick the box that best describes your community:**

- Protestant     Roman Catholic     Neither Protestant or Roman Catholic Community