

**Adult Care and Support Small Grants**

**APPLICATION FORM**

Organisation name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel/fax: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Address if different: \_\_\_\_\_

Postcode: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Tel/fax: \_\_\_\_\_

Please highlight which address you would prefer us to use for correspondence, if an address has not been specified we will use your organisation's address.

**Organisation details**

Is your organisation a registered charity? YES / NO Number: \_\_\_\_\_

How many members are on your management committee: \_\_\_\_\_ men \_\_\_\_\_ women

Does it have a constitution or set of rules? YES / NO

Does it have an **approved** CPP / Safeguarding Adults Policy (if applicable)? YES / NO / N/A

When did your organisation start (MMYY)? \_\_\_\_\_ Does it have a bank account? YES / NO

Do you have adequate insurance cover for your activities? YES / NO

Do you have a Risk Assessment for this project / H&S Policy? YES / NO

**Please list the activities of your organisation (not the project for which you require funding):**



**Monitoring: how will you show us that your project/activity has made a difference?** For example, surveys, photographs, progress reports, newsletters, DVDs etc.

**Outcomes: what do you hope to have achieved at the end of your project/activity?**

**Previous Grants**

Have you received any other funding in the last two years? Yes/No

If yes, please give details below:

	Grant awarded by	Amount awarded	Purpose of the Award	If your application was rejected, please explain why.
1		£		
2		£		
3		£		
4		£		

Please give details of each item of expenditure alongside all income you expect to receive throughout the lifetime of this project. Please specify what you want this grant to be specifically spent towards.

**Total Expenditure**

**Total Income**

	Amount: £		Amount: £
1.		Adult Care and Support request (between £250 - £5,000)	
2.		Fees charged for project/activity	
3.		Reserves or contributions from your organisation including £ from fundraising	
4.		Grants applied for; please identify each grant funder, amount requested & the expected date of outcome or decision.	
5.		a)	
6.		b)	

Continued . . .		c)	
7.		d)	
8.		e)	
9.			
10.			
<b>Project Total Expenditure</b>		<b>Project Total Income</b>	

Please note: both sides of table should balance. Please continue on a separate sheet if necessary.

**Details of your bank account** (or, if you do not have a bank account, the organisation which will accept funds on your behalf):

Name of bank/building society: \_\_\_\_\_

Address: \_\_\_\_\_ Account number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Sort code: \_\_\_\_\_

Payee Name (if successful in this grant application payment will be made via cheque. **Please specify your payee name below (We would normally expect this to be the name of your organisation):**

\_\_\_\_\_

## CHECKLIST

**This application will ONLY be submitted to the Adult Care and Support Panel for consideration if you enclose copies of ALL the following documents and guidance:**

- A completed signed application form
- Your signed up to date original governing document e.g. Constitution/set of rules
- Your signed most recent original accounts
- Your signed up to date Child Protection Policy and/or Safeguarding Adults Policy
- A suitable signed reference

I HAVE READ AND UNDERSTOOD THIS CHECKLIST STATEMENT

Signed: ..... Date: .....

Print name: .....

## How did you find the service you have received from the following:

	Easy	Average	Difficult	Hard
How did you find the application form to complete:	[ ]	[ ]	[ ]	[ ]
	Excellent	Good	Average	Poor
CCF staff:	[ ]	[ ]	[ ]	[ ]
Support provided i.e. ECCVS	[ ]	[ ]	[ ]	[ ]
CCF website:	[ ]	[ ]	[ ]	[ ]

## Declaration

I/We agree to abide by the terms and conditions of the Adult Social Care grant as they are set out in this Application Form and in the accompanying Guidance Notes. I/We understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. I/We agree to complete a suitable End of Grant report within a year from the panel date at the latest, providing receipts where applicable. I/We confirm all the information provided in this application is true and accurate; our group is based in Cornwall.

Signature

Date

Print name

## Data Protection

This information will be stored electronically and will remain confidential to Cornwall Community Foundation. We will seek your written agreement before using it for any purpose other than that described herein (such as use by a third party).

## Next Steps

Please take a copy of this completed form for your own records. You may be required to refer to your Application Form during the application process and you will need to refer to it when filling out an end of grant report at the end of your project. Please then return this **original form** with the documents detailed in the 'Required Documents' section to:

Cornwall Community Foundation  
The Orchard, Market Street, Launceston,  
PL15 8AU.

If you have any queries regarding your application please contact us by telephoning 01566 779333 or sending an email to [grants@cornwallfoundation.com](mailto:grants@cornwallfoundation.com)