

**Adult Social Care Small Grants**  
(On behalf of Cornwall County Council)

**APPLICATION FORM**

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

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

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

Contact name/position: \_\_\_\_\_

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

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

**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** CP / Vulnerable 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):**

**Please give details of the project for which you require funding:**

**Where will the work take place:**

**How many people will benefit?**

**When will your activity start (MMYY):**

**and finish (MMYY):**

**Who will benefit from your activity? Please tick all that apply:**

Children & young people 0-18 years

Adults

People aged over 60 years

People who are: Disabled

Living in rural communities

Living in poverty

**What evidence do you have for the need for this project, including how the people who will benefit are excluded or disadvantaged?**

**Monitoring: how will you show us that your project has made a difference, and what do you hope to have achieved when the project has ended?**

**Total Expenditure****Total Income**

Please list all items of expenditure for this activity	Amount: £	Please list income for this activity	Amount: £
		Grant being applied for	
		Fees charged	
		Contribution from Reserves	
		Fundraising	
		Grants applied for	Approved?
		Other	
<b>Total</b>		<b>Total</b>	

NB: Both sides of table should balance. Please continue on a separate sheet if necessary.

**Priority will be given to organisations that can part fund their own projects.**

**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):

\_\_\_\_\_

**Independent referee – this should be someone who knows your group and supports your application for funding for this project. They cannot be a relation, friend or a member of your organisation.**

Name: _____	Occupation: _____
Address: _____	
Tel/fax number: _____	Email address: _____
In what capacity does this referee know your group?	
_____	
_____	
_____	

We agree to co-operate with any reasonable requests for publicity reports relating to the use of any grant made. We agree that any photographs supplied to CCF, or taken by CCF at our group's publicity events, may be used to publicise CCF. We also agree we meet all the Key Criteria detailed in the accompanying Grant Guidelines and that all information provided in this application form is accurate and true.

Signed: _____	Date: _____
Print Name: _____	Position: _____
Signature of member of Management Committee: _____	
Print Name: _____	Position: _____

**CHECKLIST: We cannot process your application unless you have:**

- Answered every question
- Signed the form (two signatures)
- Enclosed your most recent signed accounts/financial information
- Enclosed your signed constitution / rules / memorandum & articles of association
- Enclosed a copy of your signed Child Protection & Vulnerable Adults Policy
- Taken a copy of your completed application form for your own records

**To keep our costs to a minimum, please ensure that you use the correct postage rate**

## Monitoring and evaluation

Grantees must agree to complete an End of Grant Report (on a standard form supplied by CCF) within six months of their project or activity ending and no later than 1 year.

Thank you for completing this application form. Could you please send it, together with your supporting documentation, to the address below:

Cornwall Community Foundation, The Orchard, Market Street,  
Launceston, Cornwall PL15 8AU  
Tel: 01566 779333  
E-mail: [grants@cornwallfoundation.com](mailto:grants@cornwallfoundation.com)

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Cornwall Community Foundation  
building bridges together