



For office use: Reference number: PPF / 10 /
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Police Property Fund Grant Application Form

Section 1.0 – All about you

1.1 Name of your organisation _____

1.2 Organisation Address details

Address Ln1			
Address Ln2			
Address Ln3			
Post Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (these are the details that will be used for correspondence purposes)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Evening Tel No.	
Fax No.	
Mobile No.	
Email	
Address Details (if different from Org address)	
Ln1	
Ln2	
Ln3	
Town	
Post Code	

1.3 When did your organisation start? Month Year

1.4 What type of organisation are you? (Tick as appropriate)

Yes/No A registered charity, if yes, please give your number

Yes/No Limited company. If yes please give your number

Yes/No Unincorporated club or association

Yes/No Community Interest Company

Other: Please specify:

1.5 Are you part of a larger regional or national organisation?

Yes No

1.6 Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers):

Time Staff / Workers		Management committee	
Part Time Staff / Workers		Volunteers (not incl Management Committee)	

1.7 Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides (Maximum of 300 words)

Section 2.0 - Tell us about your grant application

2.1 What was your organisation's income and expenditure in the last 12 months. You will need to send a copy of your last accounts with the application form

Accounts/Finance

Date of latest received? (DDMMYY)	
Total Income on accounts	
Total Expenditure on accounts	

2.2 If your project has start and finish dates, enter them below. If not, give the details the period the

funding will cover.

When will your project/activity start? (DDMMYY)	
When will your project/activity end? (DDMMYY). This refers to the project for which you are seeking funding and not your group/organisation as a whole.	

2.3 In which area (e.g. village, town or estate) do most of the people who will benefit live?

Which geographical area(s) do your beneficiaries come from?	
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2.4 What would you like to do with your grant? (Maximum 300 words)

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2.5 Please explain how your group will work with your local police/community support officer and outline the benefits or outcomes that you expect to achieve as a result of the funding (Maximum 300 words).

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Section 3.0 - Who will benefit

3.1 Approximately how many beneficiaries will there be

How many people will benefit from your project/activity?	Male: []	Female: []
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3.2 Primary beneficiaries

Enter into the box below a single option from the list below. This should represent the primary beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

<input type="checkbox"/>	Children & Young People	<input type="checkbox"/>	Women	<input type="checkbox"/>	People with mental health disabilities
<input type="checkbox"/>	Older People	<input type="checkbox"/>	People in Rural Areas	<input type="checkbox"/>	BME groups
<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	
<input type="checkbox"/>	Others (please state):				

3.3 Primary ethnic group

Enter into the box below a single option from the list below. This should represent the primary ethnicity group that will be addressed by this grant

Other ethnic groups who will benefit (please tick all that apply)

White		Mixed		Asian and Asian British		Black or Black British		Chinese or other group	
<input type="checkbox"/>	British	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any Other
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black		
<input type="checkbox"/>	Gypsies & Travellers	<input type="checkbox"/>	Other Dual Ethnicity	<input type="checkbox"/>	Other Asian				
<input type="checkbox"/>	Other White								

3.4 Primary issues

Enter into the box below a single option from the list below. This should represent the primary issue that will be addressed by this grant

Other issues addressed, (please tick all that apply)

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>	Social Inclusion
<input type="checkbox"/>	Community Support	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Social Services and activities

	and Development.			
	Counselling/Advice/ Mentoring		IT / Technology	Sport and Recreation
	Crime		Poverty and disadvantage	Supporting family life
	Disability and Access issues		Racial and Cultural Integration	Transport Issues
	Education and Training		Religion	Volunteering
	Employment and Labour		Rural issues	
	Environment/Recycling/ renewable energies		Social Enterprises	
	Others (please state)			

3.5 Primary Age group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

Other age groups affected, (please tick all that apply)

<input type="checkbox"/>	Early Years (0-4)	<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	Adults (26 – 64)
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	Seniors (65+)

Section 4 - Project Budget

4.1 What is the total project cost £ _____

4.2 How much has been raised so far £ _____

4.3 How much money are you applying for: £ _____

4.4 Budget breakdown summary (including VAT)

Please provide a breakdown of costs under separate headings for instance - staff, volunteer expenses, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100

Total Expenditure

Total Income

Total Expenditure		Total Income	
	Amount: £		Amount: £
1.		Police Property Fund (between £250 - £1,000)	
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)	
7.		c)	
8.		d)	
9.		e)	
10.			
11.			
12.			
13.			
Project Total Expenditure		Project Total Income	

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

Section 5.0 – Bank Details

Bank Account details

If you do not have a Bank Account, please state the organisation who will accept the funds on your behalf.

Name of your bank/building society:

Account number:

Account name:

Sort code:

Full Address:

Number of signatories:

Name of signatory 1:

Position:

Name of signatory 2:

Position:

Name of signatory 3:

Position:

If your Grant Application is successful payment will be made via cheque. Please specify your payee name below - we would normally expect this to be the name of your organisation.

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Section 6 - Accompanying Documentation Checklist

- Confirmation that you have an appropriate policy if working with Child Protection Policy or Vulnerable Adults Policy and that CRB checks are undertaken (attach copy of policy)
- Your signed most recent original accounts
- Your signed up to date original governing document e.g. Constitution/set of rules
- A list of your current Management Committee identifying any relationships between them
- Quotations for all works to be carried out/purchases to be bought

Section 7 - Declaration

Please provide contact details for your Neighbourhood Beat Manager or Community Support Officer who can be contacted and can talk knowledgeably about your project. Please ask them to sign this form to show that they agree to this application

Name:

Force No:

Telephone Number:

Email Address:

Signature

It is essential that you understand and agree to sign up to the following statements. If you leave the organisation or can no longer fulfil your responsibilities, or someone else takes over responsibility for the grant on behalf of the organisation, you must inform us immediately.

Name of Organisation: _____

Brief sentence describing your project: "We are applying for a grant to _____"
 _____"

Our signatures confirm our acceptance of the conditions below:

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance. If any factors change we will inform the Foundation and understand that all or part of the grant may have to be repaid.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- If successful we will not use the grant for any other purposes, other than those specified, without first receiving authorisation from the Community Foundation. We will not use the grant for goods or services already ordered or purchased.
- We understand that the grant may not include everything requested in the application.
- We will not dispose of any capital items purchased with the grant without the permission of the Foundation.

- We agree to participate in monitoring, auditing and evaluation relating to this fund as detailed in the guidance.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with an End of Grant Report to the Community Foundation at the end of the project.
- We will account for the grant separately in our organisation's annual accounts. We will send a signed copy of these to the Community Foundation once they are ready.

Organisation Chair or Secretary

Name (please print) _____ Signature _____

Date: _____

Committee member

Name (please print) _____ Signature _____

Date: _____

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