

APPLICATION FORM

Organisation/project 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 Please provide a copy

Does it have an **approved** Child Protection Policy (if applicable)? YES / NO Please provide a copy

When did your organisation start? 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

Main 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:

and finish:

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 socially disadvantaged?

Monitoring: how will you show us that your project has made a difference?

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	
		Reserves	
		Fundraising	
		Grants applied for	Approved?
		Other	
		Other	
Total		Total	

NB: 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:

Independent referee – this should be someone who knows your group and supports your application for funding for this project:

Name:

Occupation:

Address:

Tel/fax number:

Email address:

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.

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 accounts/financial information / your constitution or rules
- Enclosed a copy of any grant approval letters re this project
- Enclosed a copy of your Child Protection Policy if applicable
- Enclosed a copy of your H&S Policy / Risk Assessment if applicable

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

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

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

Tel: 01566 779333

: e-mail: office@cornwallfoundation.com

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