



Reference no.:
CAC/09/

For office use only

CARADON AREA COMMUNITY FUND
Small Grants Application Form

Please **READ** and **complete** all 4 pages of this document

Contact Details

Name of organisation

Contact Name:

Position in

Organisation

Daytime telephone:

Fax:

Mobile Phone:

E-mail:

Website address:

How did you hear
about this fund?

Title: Miss/Ms/Mrs/Mr (please circle)

Full address of your organisation (for correspondence):

Postcode:

About Your Organisation

Please describe the main activities of your organisation

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When did your organisation start (MMYY)?

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Do you have a set of rules/constitution or governing document?

Yes/No

Do you have a Health and Safety policy and adequate insurance?

Yes/No

If you work with Children, Young People or Vulnerable Adults do
you have a suitable Child Protection & Vulnerable Adults Policy?

Yes/No

Is your organisation a charity?

Yes/No

If yes, what is your charity
number?

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What geographical area are you working in (e.g. Parish)?

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About Your Project

Please give us the name and a brief description of your project for which you are seeking funding

Project timescales (DDMMYY)

Start

Finish

Who will benefit from your project?

Approximately how many people will benefit from this grant?

Please tell us which ethnic groups are your beneficiaries by ticking the appropriate boxes in the tables below:

Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	British	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	European	<input type="checkbox"/>
Black African and White	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Black Caribbean and White	<input type="checkbox"/>	Travellers & Migrant Workers	<input type="checkbox"/>
Other Dual Ethnicity	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
Other (please describe)	<input type="text"/>		

Outcomes

What do you hope to have achieved at the end of your project/activity?

Finance

Do you have a bank account in your organisation's name (if No please provide details of the organisation who will accept payment on your behalf)?

Yes / No

How many cheque signatories are required?

Have you ever received grant funding before from us or any other funder?

Yes / No

If yes, please provide details (including dates, funder, amount awarded and purpose)

How much money are you applying for (between £250 & £500)?
 Is this money for new work, or to continue funding existing work?

£	
New	Existing

Please provide a breakdown of costs for your project.

Type of cost	Total cost £ (incl. VAT)
Total	

References

Please nominate an independent referee. This should be someone who knows your group and supports your application for funding for this project/activity, but cannot be a member of your group, current or past, or a relation e.g. teacher, policeman, police community support officer, youth worker, development worker etc.:

Name:	Position:
Address:	
Tel/fax number:	Email address:
How does this referee know the work of your group?	
Signature of referee:	

Declaration

We agree to abide by the terms and conditions of the grant as they are set out in this application form and in the accompanying Grant Guidelines, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing, evaluation and publicity related to this fund and spending the grant amount within 12 months of approval. We confirm all the information provided in this application is true and accurate, our group is based in the area of Cornwall & the Isles of Scilly currently known as the Caradon District and our turnover does not exceed £20,000 per annum.

Signature

Date

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 CACF Advisory Group Grants Panel for consideration if you enclose copies of ALL of the following:

- Your governing document e.g. Constitution, Set of Rules or equivalent
- Your most recent accounts (or your last 3 consecutive months bank statements)
- Child Protection Policy if your beneficiaries are children or young people

Please take a copy of this completed form for your own records, and then return it to:

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

I HAVE READ AND UNDERSTOOD THIS CHECKLIST STATEMENT:

Signed:

Thank you for completing this application form. Please return it to:

*Cornwall Community Foundation, The Orchard, Market Street, Launceston, Cornwall PL15 8AU
Tel: 01566 779333*

*If you have any queries regarding your application please contact us on the telephone number above or
send an email to grants@cornwallfoundation.com*

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