



The Cornwall 100 Club Grant Application Form

**Ref: C100/09/
(office use only)**

Main contact details

Name of main contact (please ensure this person is available during office hours and has a working knowledge of your group)	Title: Miss/Ms/Mrs/Mr (please circle)
Position	
Telephone number	
Mobile number	
Email address	
How did you hear about this fund?	

Organisation details

Full name of your organisation	
Full address including postcode	
Website	
What type of organisation are you (please mark as appropriate)?	Charity / Community Voluntary Group / Trust / Company Limited by Guarantee / Other (please describe)
If you are a charity, please enter your charity number?	
When did your organisation start (MMYY)?	
How many members on your Management Committee?	Men: [] Women: [] Disabled: [] Young People: []
How many paid staff?	Men: [] Women: [] Disabled: [] Young People: []
Do you have a bank account?	Y/N
If No, who will be accepting the grant on your behalf (full name of organisation including postcode and contact details)?	
Do you have sufficient insurance to cover this project/activity?	Y/N
Do you have a suitable Health & Safety Policy or Risk Assessment for this project/activity?	Y/N



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What are the main activities of your organisation i.e. your objects / purpose (not the project/activity for which you are seeking funding):

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Please give full details of the project/activity for which you require funding e.g.

To hire a mini bus from a local voluntary sector provider (XYZ Community Bus), for 6 weeks from November 1st, to take elderly residents to ABC Nursing Home so they can participate in educational, inclusive and physical activities one morning each week.

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Please list the top 3 benefits to your group and/or beneficiaries if you are successful in your application

1.
2.
3.

How many volunteers are involved with this project?	
Which group are they (please mark as appropriate)?	Young People <input type="checkbox"/> Older People <input type="checkbox"/> Parents <input type="checkbox"/> Carers <input type="checkbox"/>
Have they all been CRB checked and passed (if your project involves young people or vulnerable adults)?	Y / N / Not Applicable
Where will your project/activity take place? (Please give full address including postcode and contact telephone number)	



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How many people will benefit?	Male: [] Female: []
What age are the majority beneficiaries (please mark as appropriate)?	0 – 4 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 11 – 16 years <input type="checkbox"/> 17 – 21 years <input type="checkbox"/> 22 – 60 years <input type="checkbox"/> 60+ years <input type="checkbox"/> All <input type="checkbox"/>
Will any of the following beneficiaries be participating (please mark as appropriate and enter the estimated number in each relevant box)?	BME [] Migrant Workers [] Travellers [] Disabled []
When will your project/activity start (DDMMYY)? (this refers to the project you are seeking funding towards)	
When will your project/activity end (DDMMYY)? (this refers to the project you are seeking funding towards)	

For minor building works only:	
Who owns the building?	
Is it leased?	Y/N
How long is the lease (years)?	
What is the period remaining (years)?	
Is planning permission required? (If Yes please enclose a copy of your approval letter)	Y/N

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

(please illustrate how the need has been identified e.g. the pre school and schools were sent surveys for the young people and their families to complete – 55% of the replies stated they wanted to start a youth club in the village on Saturday mornings throughout the year)



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Monitoring: how will you show us that your project/activity has made a difference? e.g. surveys, photographs, progress reports, newsletters, DVD's 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 three years? (please circle) 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		£		
5		£		



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Expenditure:

Please give details of each item of expenditure and income for the whole project, not just the element requested from the Cornwall 100 Club. Please specify what you want this grant to be specifically spent towards.

For single items exceeding £2,000.00 please attach at least 2 written quotes for each item.

Note: Please refer to the Grant Guidelines which identify what expenditure is eligible and contact Cornwall Community Foundation (CCF) *before* submitting your application if you have any queries regarding this.

Total Expenditure

Total Income

	Amount: £		Amount: £
1.		Grant requested from Cornwall 100 Club (between £500 - £5000)	
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, outcome or decision expected date):	
5.		a)	
6.		b)	
7.		c)	
8.		d)	
9.		e)	
10.			
11.			
12.			
13.			
14.			
Project Total Expenditure		Project Total Income	

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



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Bank account

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

Name of your bank/building society e.g. Halifax, HSBC etc. _____.	
Full address: _____	Account number: _____.
Account name: _____	Sort code: _____.
Number of signatories: _____	
Name Signatory 1: _____	Position: _____.
Name Signatory 2: _____	Position: _____.
Name Signatory 3: _____	Position: _____.

Independent referee – this should be someone who knows your group and supports your application for funding for this project/activity, but cannot be members of your group or family e.g. teacher, policeman, police community support officer etc.:

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

Required Documents

Please ensure you have enclosed the following documents with this application, signed by your Chair of Committee/Trustees/Board, marking each as appropriate.

If not enclosed please give an explanation at the end of this section:

Child Protection & Vulnerable Adult Policies (if your organisation works with these groups) as part of your overall Safeguarding Children & Vulnerable Adult Policy	Y/N
Constitution/Set of Rules/M & A of Association	Y/N
List of Management Committee Members identifying any relationships between them	Y/N
Evidence of insurance (copies of your relevant policy documents e.g. employer liability insurance if you have paid staff, public liability insurance etc.)	Y/N



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Health & Safety Policy or Risk Assessment for this project/activity	Y/N
Most recent approved accounts. If you are a new group please enclose copies of your last 3 consecutive month bank statements (or those since start up if less). These must clearly state your project name and year end date	Y/N
Supporting documents where applicable e.g. planning permission approval letter, grant approval letter, quotations, survey results, publicity flyers etc.	Y/N
Reasons why documents are not included:	

Agreement

We agree to co-operate with any reasonable requests for publicity relating to the use of any grant made. We agree that any photographs supplied to Cornwall Community Foundation, or taken by CCF at our group's publicity events, may be used to publicise CCF and the Cornwall 100 Club.

We confirm all the information provided in this application is true and accurate. Any grants approved must be used for the purposes outlined in the offer letter unless prior written approval is received by CCF before such changes are made. We agree to complete an agreement accepting any grant offer and a subsequent End of Grant Report when the grant has been spent in full or after one year, whichever is sooner (grants cannot be spent beyond one year unless agreed by CCF otherwise).

We also confirm our group is based in Cornwall or the Isles of Scilly and our annual turnover does not currently exceed £50,000 per annum.

Main Contact signature: _____ Date: _____

Print Name: _____ Position: _____

Chair signature: _____ Date: _____

Print 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):



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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).

CHECKLIST: We cannot process your application unless you have:

- Answered every question
- Signed this form (three signatures including referees)
- Enclosed all required documents
- Taken a copy of this completed application form for your own records

To keep our costs to a minimum, please ensure you use the correct postage rate. Any applications whose postage is under paid will be returned to sender without action

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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