

## **APPLICATION FORM**

**For requests over £900**

*Please complete all 6 pages of this document.*

### **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	Postcode:
Website address	www.
What type of organisation are you? Please mark as appropriate.	Charity/Voluntary or Community Group/Company Limited by Guarantee/Trust/CIC/Other - please specify
If you are a charity, please enter your charity number?	
When did your organisation start? (DDMMYY)	
How many members are on your Management Committee?	Men:      Women:      Disabled:      Young People:
How many paid staff?	Men:      Women:      Disabled:      Young People:
Do you have a bank account?	Yes/No
If no, who will be accepting the grant on your behalf?	Name: Address:  Postcode:
Do you have sufficient insurance to cover this project/activity?	Yes/No
Do you have a Health & Safety policy suitable for this project/activity?	Yes/No
If you work with children and young people or vulnerable adults, do you have Child Protection and Vulnerable Adult policies respectively?	Yes/No
Have your staff all passed CRB checks?	Yes/No

**Please outline below the principle objectives/aims of your *organisation*.**

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

For example, to hire a mini bus on a weekly basis from a local voluntary sector provider (XYZ Community Bus), for 6 weeks from November 1st, in order to take elderly residents to ABC Nursing Home so they can participate in educational and physical activities.

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

1.
2.
3.

**Volunteers**

How many volunteers are involved with this project?	
Please indicate to which group(s) your volunteers belong.	Carers <input type="checkbox"/> Older People <input type="checkbox"/> Parents <input type="checkbox"/> Young people <input type="checkbox"/> Others – please specify:
If your project involves young people or vulnerable adults, have all your volunteers passed CRB checks?	Yes/No/Not Applicable

**Beneficiaries**

How many people will benefit from your project/activity?	Male: [ ] Female: [ ]																		
What age are the majority of beneficiaries? Please tick 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 enter the estimated number in each relevant box.	Black, Minority Ethnic - BME [ ] Migrant Workers [ ] Disabled [ ] Living In Rural Areas [ ] Low Income Families [ ] Travellers [ ] Unemployed [ ] Other – please specify.																		
Please indicate the ethnic origin of users who will benefit from your grant. Please tick all relevant boxes that apply and enter the estimated number next to each.	<table border="0"> <tr> <td>African</td> <td>Indian</td> </tr> <tr> <td>Asian &amp; White</td> <td>Migrant workers &amp; travellers</td> </tr> <tr> <td>Bangladeshi</td> <td>Pakistani</td> </tr> <tr> <td>Black African &amp; White</td> <td>Other Asian</td> </tr> <tr> <td>Black Caribbean &amp; White</td> <td>Other Black</td> </tr> <tr> <td>British</td> <td>Other dual ethnicity</td> </tr> <tr> <td>Caribbean</td> <td>Other White</td> </tr> <tr> <td>Cornish</td> <td>Other - please specify</td> </tr> <tr> <td>European</td> <td></td> </tr> </table>	African	Indian	Asian & White	Migrant workers & travellers	Bangladeshi	Pakistani	Black African & White	Other Asian	Black Caribbean & White	Other Black	British	Other dual ethnicity	Caribbean	Other White	Cornish	Other - please specify	European	
African	Indian																		
Asian & White	Migrant workers & travellers																		
Bangladeshi	Pakistani																		
Black African & White	Other Asian																		
Black Caribbean & White	Other Black																		
British	Other dual ethnicity																		
Caribbean	Other White																		
Cornish	Other - please specify																		
European																			

**Project**

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.	
Where will your project/activity take place? Please give the full address including postcode and contact telephone number.	Address:  Postcode: Telephone:

<b>For minor building works only:</b>	
Who owns the building?	
Is it leased?	Yes/No
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)	Yes/No

**What evidence do you have for the need for this project? Please include details of how the people who will benefit are currently excluded, disadvantaged or vulnerable?** For example, young people & their families were asked to complete a survey on what they wanted to see in the community. These surveys were sent out via local pre-schools and primary schools. 55% of the replies stated they wanted to weekly youth club in the village on Saturday mornings.

**Monitoring: how will you show us that your project/activity has made a difference?** For example, surveys, photographs, progress reports, newsletters, DVDs 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 two years?      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		£		

*Please note: you cannot receive more than £5,000 from Grassroots grants. If you receive more than £5,000 from one or more Local Funder such as CCF, you will have to return all grant funding over £5,000 to the relevant Local Funder(s).*

## Expenditure

Please give details of each item of expenditure alongside all income you expect to receive throughout the lifetime of this project. Please specify what you want this grant to be specifically spent towards.

For single items exceeding £900 please attach at least 2 written quotes for each item.

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

### **Total Expenditure**

### **Total Income**

	Amount: £		Amount: £
1.		Grant requested from Grass Roots (between £250 - £5,000)	
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.			
14.			
<b>Project Total Expenditure</b>		<b>Project Total Income</b>	

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

## Accounts/Finance

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

## 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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**Independent referee – this should be someone who knows your group and supports your application for funding for this project/activity, and should be a leading member of your community. For example, teacher, policeman, police community support officer etc. It cannot be members of your group or family.**

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

**CHECKLIST**

**This application will ONLY be submitted to the Grassroots Grants Panel for consideration if you enclose copies of ALL the following documents and guidance:**

- Your signed up to date original governing document e.g. Constitution/set of rules
  - 2 written quotes for any single item costing £900 or more
  - Your signed most recent original accounts
  - A list of your current Management Committee identifying any relationships between them
- This application form must also contain the two required signatures, as requested.

I HAVE READ AND UNDERSTOOD THIS CHECKLIST STATEMENT

Signed: .....

Print name: .....

We also *recommend* you have a Vulnerable Adults/Safeguarding Adults Policy if your beneficiaries are vulnerable adults. Please refer to the guidance notes for contact details to help create a policy if you do not have one in place.

**Required Documentation**

**Please ensure you have enclosed copies of the following documents with this application. If you are unable to enclose a particular document, please give an explanation at the end of this section:**

Constitution/Set of Rules/Memorandum & Articles of Association/Trust Deed, or equivalent.	Yes/No
At least 2 quotations for every item you wish to purchase with this grant costing £900 or more.	Yes/No
Child Protection & Vulnerable Adult Policies (if your organisation works with these groups) as part of your overall Safeguarding Children & Vulnerable Adult Policy.	Yes/No/Not Applicable
Most recently approved accounts. These must clearly state your organisation's name and year end date.	Yes/No
List of Management Committee Members identifying any relationships between them.	Yes/No
Supporting documents where applicable e.g. planning permission approval letter, grant approval letter, survey results, publicity flyers, newsletter, business plans etc.	Yes/No

Reasons why documents are not included:

## Declaration

I/We agree to abide by the terms and conditions of the Grassroots Grant as they are set out in this Application Form and in the accompanying Guidance Notes. I/We and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. I/We agree to participate in monitoring, auditing, evaluation and publicity related to this fund. I/We confirm all the information provided in this application is true and accurate, our group is based in Cornwall or the Isles of Scilly and our annual turnover does not currently exceed £30,000 per annum (increased from £20,000 as at 9<sup>th</sup> February 2009).

Signature

Date

Print name

## 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).

## 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. 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](mailto:grants@cornwallfoundation.com)

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