

For office use:
Reference number:
GRA/09/



Managed by the Community Development Foundation
Funded by the Office of the Third Sector

APPLICATION FORM

For requests up to £900

Please complete all 4 pages of this document.

Name of organisation

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Contact details

Contact name	Title: Miss/Ms/Mrs/Mr (please circle)
Contact address	Postcode:
Position in organisation	
Daytime telephone number	
Mobile telephone number	
E-mail address	
Website	www.
How did you hear about this fund?	

About your organisation

Please describe the main activities of your organisation:	
When did your organisation start? (DDMMYY)	
Do you have a set of rules/constitution/governing document?	Yes/No
Do you have a Health and Safety Policy and appropriate insurance?	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 and volunteers all passed CRB checks?	Yes/No
Is your organisation a registered charity?	Yes/No
If yes, please enter your charity number	
Which geographical area(s) are you working in?	

About your project

Please write a brief description of your project for which you are seeking funding and how you identified the need. Please include the name of your project in your explanation:

Project timescales (DDMMYY)	Start:	End:
How many volunteers are involved with your project?		

Beneficiaries

Who will benefit from your project?			
Approximately how many people will benefit?			
Please tick the boxes below to indicate which ethnic groups are the main beneficiaries of your organisation:			
African	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Black African & White	<input type="checkbox"/>	Other dual ethnicity	<input type="checkbox"/>
British	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Cornish	<input type="checkbox"/>	Travellers & migrant workers	<input type="checkbox"/>
European	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Outcomes/Monitoring

What do you aim to have achieved by the end of the project for which you are seeking funding?

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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 9th 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 Checklist section to:

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

