

Lady St. Levan Expression of Interest Form

Organisation name: _____

Address: _____

_____ Tel/fax: _____

Contact name & position: _____

Address if different: _____

E-mail address: _____ Tel/fax: _____

Please list the activities of your organisation (not the project for which you require funding):

Please give details of the project for which you require funding:

Amount of grant being applied for?

Where will the work take place:

How many people will benefit?

When will your activity start (MMYY):

and finish (MMYY):

Who will benefit from your activity? Please tick all that apply:

People who are: Disadvantaged

Hospice Movement and Cancer Care

People aged over 60 years

Carers

Care of Autistic Children

Payee 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):

Decisions

Please note there are limited monies available for Cornwall and the Isles of Scilly, **so not all eligible applications can be funded.**

The decision of the Panel are final.

Monitoring and evaluation

Grantees must agree to complete an End of Grant Report (on a standard form supplied by CCF) within six months of their project or activity ending and no later than 1 year.

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

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

E-mail: grants@cornwallfoundation.com

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Cornwall Community Foundation
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