



SPORT RELIEF GRANT APPLICATION FORM

Section 1.0 – All about you

PLEASE COMPLETE ALL 9 PAGES OF THIS DOCUMENT

1.1 Name of your organisation _____

1.2 Organisation Address details

Address Ln1			
Address Ln2			
Address Ln3			
Post Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (for correspondence purposes)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Evening Tel No.	
Fax No.	
Mobile No.	
Email	
Address Details (if different from Org address)	
Ln1	
Ln2	
Ln3	
Town	
Post Code	

1.3 When did your organisation start? Month Year

1.4 What type of organisation are you? (Tick as appropriate)

- A registered charity. If yes, please give your number _____
- A company limited by guarantee. If yes please give your number _____
- Unincorporated club or association
- Community Interest Company
- Other: Please specify: _____

1.5 Are you part of a larger regional or national organisation?

- Yes No

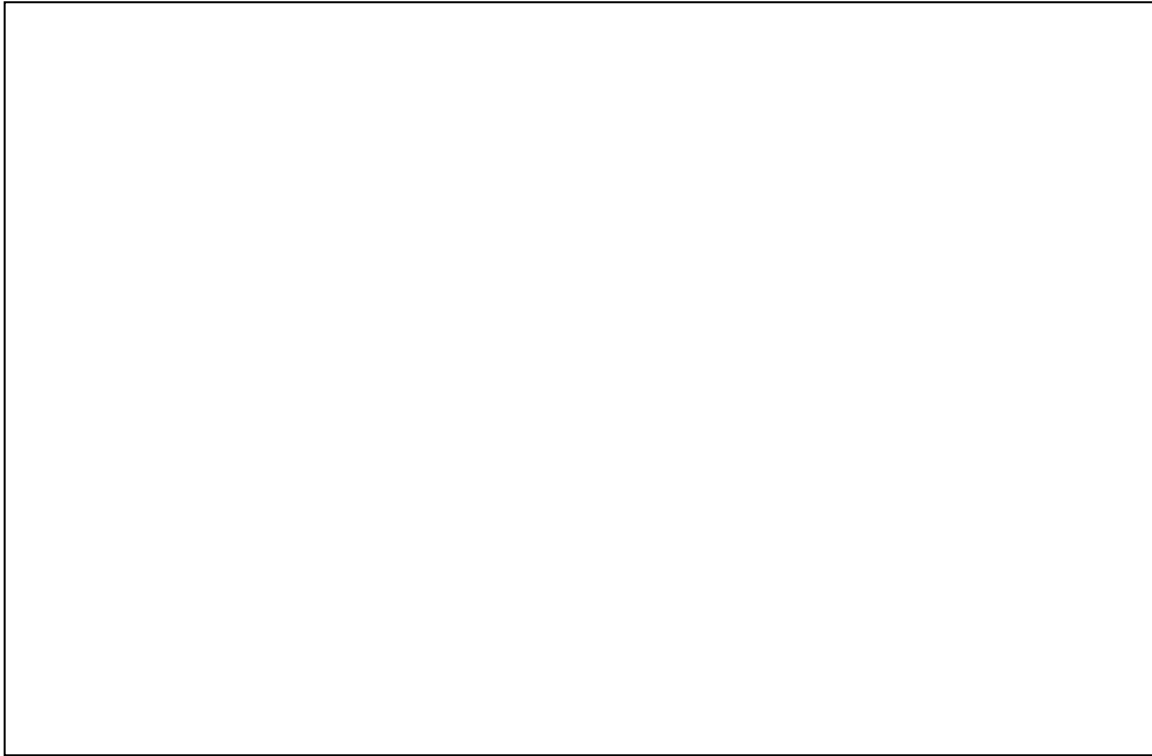
1.6 Staffing and volunteers

How many of each of the following is involved in your organisation (numbers)?

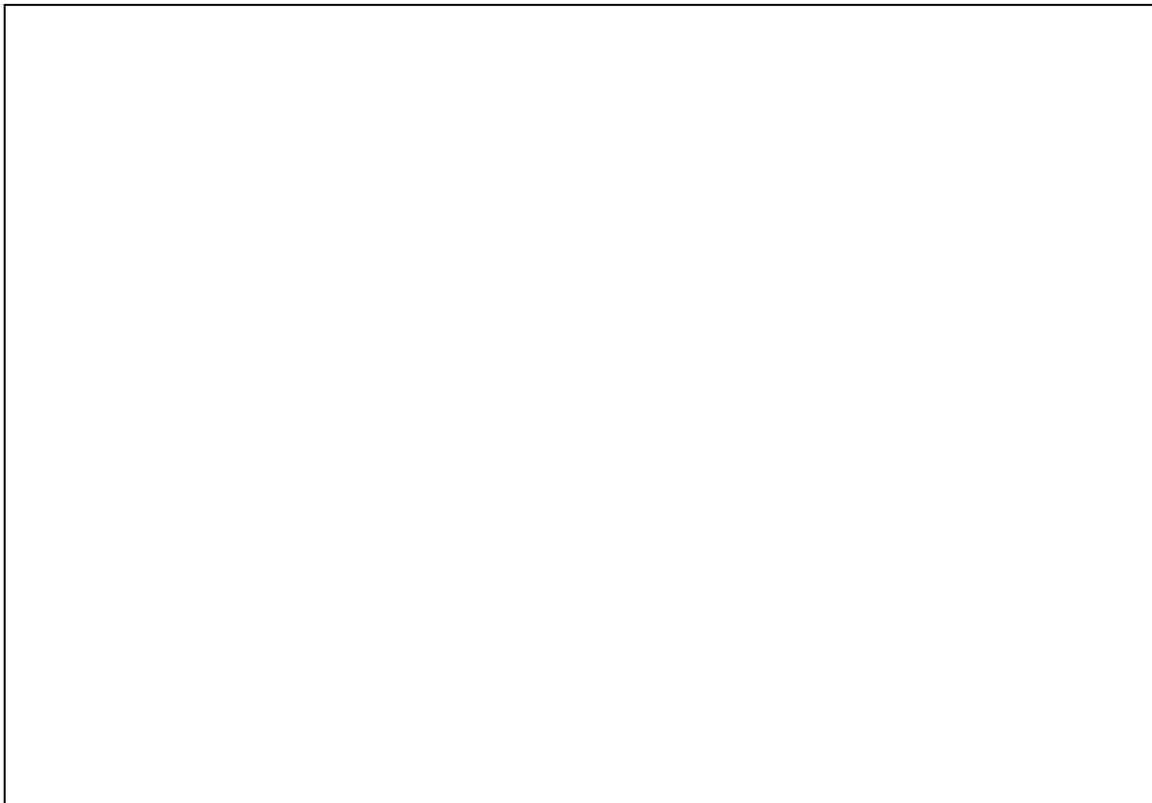
Full time Staff / Workers		Management Committee	
Part Time Staff / Workers		Volunteers (not inc. Management Committee)	

1.7 Please describe the overall aims and objectives of your organisation and the activities or services it provides

2.7 Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face (e.g. low income, lack of facilities, lack of opportunity)



2.8 Please outline the benefits or outcomes that you expect to achieve as a result of the funding



Section 3.0 - Who will benefit

3.1 Approximately how many beneficiaries will there be? _____

3.2 Primary beneficiaries

Enter a single option from the list below e.g. Women. This should represent the *primary* beneficiary group who will benefit from this grant

Other Beneficiary groups who will benefit, (please tick all that apply)

<input type="checkbox"/>	Children & Young People	<input type="checkbox"/>	Women	<input type="checkbox"/>	People with mental health disabilities
<input type="checkbox"/>	Older People	<input type="checkbox"/>	People in Rural Areas	<input type="checkbox"/>	BME groups (Black Minority Ethnic)
<input type="checkbox"/>	Lesbian, Gay, Bi-sexual & Transgender groups	<input type="checkbox"/>	People with physical disabilities	<input type="checkbox"/>	
<input type="checkbox"/> Others (please state):					

3.3 Primary ethnic group

Enter a single option from the list below e.g. White British. This should represent the *primary* ethnicity group who will benefit from this grant

Other ethnic groups who will benefit (please tick all that apply)

White		Mixed		Asian and Asian British		Black or Black British		Chinese or other group	
<input type="checkbox"/>	British	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any Other
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black		
<input type="checkbox"/>	Gypsies & Travellers	<input type="checkbox"/>	Other Dual Ethnicity	<input type="checkbox"/>	Other Asian				
<input type="checkbox"/>	Other White								

3.4 Primary issues

Enter a single option from the list below e.g. Rural issues. This should represent the *primary* issue that will be addressed by this grant

Other issues addressed (please tick all that apply)

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>	Social Inclusion
<input type="checkbox"/>	Community Support and Development.	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Social Services and activities
<input type="checkbox"/>	Counselling/Advice/Mentoring	<input type="checkbox"/>	IT / Technology	<input type="checkbox"/>	Sport and Recreation
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Poverty and disadvantage	<input type="checkbox"/>	Supporting family life
<input type="checkbox"/>	Disability and Access issues	<input type="checkbox"/>	Racial and Cultural Integration	<input type="checkbox"/>	Transport Issues
<input type="checkbox"/>	Education and Training	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Employment and Labour	<input type="checkbox"/>	Rural issues	<input type="checkbox"/>	
<input type="checkbox"/>	Environment/Recycling/Renewable energies	<input type="checkbox"/>	Social Enterprises	<input type="checkbox"/>	
<input type="checkbox"/>	Others (please state)				

3.5 Primary Age group

Enter a single option from the list below e.g. Early Years. This should represent the *primary* age group that will benefit from this grant

Other age groups affected (please tick all that apply)

<input type="checkbox"/>	Early Years (0-4)	<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	Adults (26 – 65)
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	Seniors (65+)

Section 4 - Project Budget

4.1 What is the total project cost? £ _____

4.2 How much has been raised so far? £ _____
(please provide evidence e.g. grant approval letters)

4.3 How much money are you applying for? £ _____
(min. £1,000 max. £10,000)

4.4 Budget breakdown summary (inc. VAT)

Please provide a breakdown of costs under separate headings for example - staff, volunteer expenses, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 = £100

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Section 5 – About Your Organisation

Please answer each question below:

5.1 Do you have sufficient insurance to cover this project/activity?	Yes/No
5.2 Do have a suitable Health & Safety or Risk Assessment for this project/activity?	Yes/No
5.3 If you work with children or young people do you have a suitable Safeguarding policy?	Yes/No
5.4 If you work with vulnerable adults do you have a suitable Safeguarding policy?	Yes/No
5.5 If you answered Yes to either Q5.3 or Q5.4 have all your staff and volunteers been CRB checked and cleared?	Yes/No

5.6 Bank Account details

Please provide details of your bank:

Bank/building society name:

Account number:

Account name:

Sort code:

Full Address:

5.7 Number of cheque signatories (please print):

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, a teacher, policeman, police community support officer, GP etc. It cannot be members of your group, current or previous, 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 Sport Relief Panel for consideration if you enclose copies of ALL the following documents:

- Your signed current version governing document e.g. Constitution/set of rules
- 2 written quotes for any single item costing £900 or more
- Your signed most recent accounts
- A list of your current Management Committee identifying any relationships between them

This application form must also contain the two required signatures (applicant and referee)

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.

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
Safeguarding Children & Young People and Safeguarding Vulnerable Adult Policies (if your organisation works with these groups).	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, evidence of monies raised for this project, survey results, publicity flyers, newsletter, business plans etc.	Yes/No
Reasons why documents are not included:	

About Cornwall Community Foundation

1. Where did you hear about this fund?
2. How easy was this application form to complete?
Very Easy/Easy/Hard/Very Hard
3. If you spoke to CCF staff before presenting this application how helpful did you find them?
Very Helpful/Helpful/Unhelpful/Very Unhelpful

Declaration

I/We agree to abide by the terms and conditions of the Sport Relief Grant as they are set out in this Application Form. I/We 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 and our group is based in Cornwall or the Isles of Scilly.	
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).
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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 Documentation' section to: Cornwall Community Foundation, The Orchard, Market Street, Launceston, PL15 8AU.
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If you have any queries regarding your application please contact us by telephoning 01566 779333 or sending an email to grants@cornwallfoundation.com

Registered Charity: No: 1099977. A company limited by guarantee. Registered in England: No: 4816191

