



For office use:
Reference number:

Luxulyan Parish Community Fund Application Form

Contact details

Name of organisation

Title

First name

Surname

About your organisation

Please describe the main activities of your organisation:

Do you have a Health and Safety Policy and appropriate Insurance?

Yes No

If you work with children and young people or safeguarding adults, do you have Disclosure & Barring Service Policy and Safeguarding Adult Policy respectively?

Yes No

Have your staff and volunteers all passed DBS checks?

Yes No

Is your organisation a Registered Charity?
If yes please specify:

Yes No
Charity No:

Which geographical area(s) are you working in (include postcode)?

Area:

About your project and the need

Please write a brief description of your project you are seeking funding.

Please explain the need of your project you are seeking funding?

Project timescales (DDMMYY)

Start:

End:

| | |
|---|--|
| How many volunteers are involved with your project? | |
| How many paid staff are involved in your project? | |

Beneficiaries

| | |
|---|--|
| Approximately how many people will benefit? | |
|---|--|

Finance

| | |
|---|---|
| Date of latest management accounts received? (DDMMYY) | |
| Total Income on accounts | |
| Total Expenditure on accounts | |
| Total amount of unrestricted reserves | |
| How many cheque signatories are required? (must be at least two) | |
| How much money are you applying for (<i>for maximum grant awards please refer to the grant guidelines of the fund you are applying</i>) | £ |

Please provide a **breakdown** of TOTAL costs for your project, **highlighting** what you want the Community Fund money to be specifically spent towards and what you have already raised funds for.

| Type of cost e.g. volunteer expenses – petrol @ 30p per mile x 250 miles | Total cost £ (inc. VAT) (Requesting) | Total cost £ (inc. VAT) |
|---|---|-------------------------|
| | | |
| | | |
| | | |
| | | |
| Total project cost | | |
| | | |
| | | |

Checklist: This application will **ONLY** be considered if you enclose the following:

- **A photocopy of your signed, up to date constitution/set of rules. If we have received your most recent constitution within the last two years please reference this, there is no need to resubmit**
- **An up to date bank statement if applicable**

Data Protection

This information will be stored electronically and will remain confidential to Cornwall Community Foundation. It will not be used for any other purpose without your agreement.

Next Steps

Please take a copy of this completed form for your own records. We may ask you to refer to your application form during the application process and you will need to refer to it when filling out an end of grant report at the end of your project.
Please return this **original form** with the **copy of your constitution/set of rules, set of up to date accounts, bank statement** and **one suitable signed references** to: Cornwall Community Foundation, Sheers Barton, Launceston, Cornwall, PL15 9NJ

If you have any queries regarding your application please contact us by telephoning 01566 779333 or sending an email to grants@cornwallfoundation.com

Section 7 - Declaration

It is essential that you understand and agree to sign up to the following statements. If you leave the organisation or can no longer fulfil your responsibilities, or someone else takes over responsibility for the grant on behalf of the organisation, you must inform us immediately.

Our signatures confirm our acceptance of the conditions below:

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance. If any factors change we will inform the Foundation and understand that all or part of the grant may have to be repaid.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- If successful we will not use the grant for any other purposes, other than those specified, without first receiving authorisation from the Community Foundation. We will not use the grant for goods or services already ordered or purchased.
- We understand that the grant may not include everything requested in the application.
- We will not dispose of any capital items purchased with the grant without the permission of the Foundation.
- We agree to participate in monitoring, auditing and evaluation relating to this fund as detailed in the guidance.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with a Social Impact Report to the Community Foundation at the end of the project, or within a year, whichever is sooner.
- We agree to the terms that no further applications will be considered until the Social Impact Report along with suitable receipts have been received and approved by CCF.

Committee member on behalf of the committee

Name (please print) _____ Signature _____

Date: _____

For more information about the CCF please view our website www.cornwallfoundation.com and for updates regarding CCF's grant programmes and developments please follow us on:

