 Community Benefit Fund Application Form

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| The closing date for applications: |

1. Your Details:

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| Name of group/organisation or individual: |  |
| Main contact person:  Position: |  |
| Address: |  |
| Postcode: |  |
| Telephone/Fax: |  |
| Email: |  |

2. Please tell us about your organisation

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| Type of Organisation  *Attach a copy of your set of rules or constitution* |  |
| Affiliations to other bodies |  |
| Registrations  *Charity number, Company Number etc.*  *(where applicable)* |  |

3. What does your organisation do?

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4. Please briefly describe the activities you wish to carry out: *continue on a separate sheet if necessary.*

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5. Please describe what the grant will be used for. Indicate how soon after receiving the grant it will be used.

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6. Please describe how you know this project is needed and who need it and how many people will benefit

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7. PROJECT INCOME - please tell us about any money you have raised so far and about any other grants you may have applied for or intend to apply for.

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| Funding Provider | Item | Amount | Date applied/approved |
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|  |  |  |  |
|  |  |  |  |
|  | TOTAL |  |  |

8. How much money are you requesting from the fund?

9. How much cash match funding can you contribute to the costs?

10. How will the project benefit young people?

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11. Where will the project take place?

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12. You are an organisation, you will need to evidence that you have insurance. You may also need to have policies in place, particularly if you are working with children and young people or vulnerable adults. Please tell us about any policies that you have in place and insurance cover (if applicable)

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13. **Signature and Declaration of main contact**. I confirm to the best of my knowledge and belief, all the information is true and correct. I understand that you may ask for additional information at any stage of the application process and that all necessary permission for the project has been obtained. I undertake to ensure that any grant awarded will be used for the sole purpose of the project stated and that if the project does not go ahead as stated, all monies received from this fund will be repaid in full.

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| Name  (Block Capitals) |  | Position in Organisation |  |
| Signed |  | Date |  |

13. Please provide us with financial information (payments will be made via BACS).

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15. Please provide us with a contact referee:

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16. Please use the space below to tell us anything else you feel is relevant to your application.

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17. Application checklist for group/organisation/individual – please complete to ensure that you have answered all the questions and you have sent all of the relevant information with your application form.

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| CHECKLIST | Yes/No |
| Have you answered all the questions? |  |
| Have you attached a copy of your set of rules, governing document or constitution? |  |
| Have you attached a detailed budget for all items to be purchased with the grant? |  |
| Items over £500 require a minimum of two quotes with the application. Have you attached two quotes? |  |
| Have you attached evidence of insurance? |  |
| Have you attached relevant policies e.g. Safeguarding, Health & Safety? |  |
| Has the main contact signed the application? |  |
| If you have emailed your application, please provide a hard copy of the signature page |  |
| Have you supplied a copy of a recent bank statement of your latest annual accounts? |  |
| Have you provided contact details of a referee? |  |

Once the form is completed please email to arafest2014@gmail.com