Application for Community Fund

Please complete the form as clearly as possible and return it to the Administration Officer at the above address. If we can be of further help, please contact us as above.

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| Name of organisation*: (eg Club, Group or organising Group for an Event)*or Individual |
| Name of Contact for this application*:*Position held within organisation *(eg Chairman, Treasurer, Secretary)*Contact DetailsAddress:E-mail:Telephone*:* |
| What does your organisation or group do? Please describe the service, activity it/you provides (or plans to provide) and its aims and objectives: |
| Does the Organisation or Group have a Junior Section? **Yes / No***If Yes provide details:* |

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| Describe the activity that this grant will be used for*. Try to be specific about what you, your Organisation or Group will do and how it will do it:*Is it for an event *(eg a community event or festival)* **Yes / No** \**If yes, complete section A below do not complete Section B but go on to Section C*Is it for an item of capital expenditure or project **Yes / No\****If yes, do not complete Section A, go to Section B, then Section C.* |
| **A: Grant Funding for an Event:**Please provide a detailed description of the event for which you are seeking funding. *Detailed projected costings* ***must*** *be supplied with this application.*What is the total cost of the event*?*For which element of the event is your organisation seeking funding*?*Who will benefit from this activity*?* |
| **B: Grant Funding for capital purchase/project***This application must relate to a specific item of capital expenditure or project; it must not be for a regular item of maintenance or such other revenue item eg ongoing expenses and staffing costs. Please provide a detailed description of the capital purchase or project for which you are seeking funding. Detailed projected costings or quotations* ***must*** *be supplied with this application.*What is the total cost of the capital purchase?Who will benefit from this activity? |
| **C: General:**Amount for which you, your organisation or group is seeking grant aid?How much do you, your organisation or group expect to raise by its own efforts and how?How will the rest of the cost be financed? |
| What other organisation may use the organisation or group’s facilities?What other organisations will benefit from this event, project or scheme? |
| What facilities have been provided or improved as a result of the organisation or group’s own efforts? |
| Have you, your organisation or group previously applied for a grant from this Authority? **YES / NO***If YES, please give brief details and the date of any grant received:* |
| Have you, your organisation or group made any grant application to any other Authority or grant making body for grant aid for this event, project or scheme*?*  **YES / NO***If* YES *please provide the name of the Authority/funding organisation:*Dates of application:Result of Application/s if known, amount of grant/s received: *£* |
| How long has the organisation or group been in existence*? Please enclose a copy of the rules or constitution. If none available, please explain the management structure:* |
| Is the organisation a registered charity*?* **YES / NO***If YES please provide the Charity Registration Number:* |
| Is there a normal Membership fee*?* **YES / NO***If YES please state:***JUNIOR: Adult:** |
| Does the organisation or group have a licensed bar? **YES / NO**Or does it intend to have a licensed bar?  **YES / NO** |
| Is there any other information which you consider to be relevant to your application*?* **YES/NO***If YES please give details on a separate sheet.* |
| **To be signed by the applicant or an authorised person within the group or organisation eg Committee Member/Trustee**I have read and noted the Council of the Isles of Scilly’s criteria relating to this application and agree to abide by the conditions listed if a grant is to be awarded by the Council.I agree to provide a report, including photographs, to the Council indicating how any grant awarded has been spent, **within two months of completion.**Signed…………………………………………………………………………………………………Name (please print)…………………………………………………………………………………..Position (if any)………………………………………………………………………………………..Date……………………………………………………………………………………………………. |