Community Grant Application Form



For office use only

Date Received: Date Ack'd: Ref No. Area:

Please ensure that you have read and understood the questions before you complete this application form.

Please write clearly using BLOCK CAPITALS when completing this application form.

a) Name of Group/Orgar	nisation
b) Contact Name	c) Telephone Number
g) Contact Address	
e) Postcode	f) E-mail
g) Position in the Group	
	nity groups may wish to contact your group—can we pass on your details? Yes No
Please give a brief de	scription of your group eg who are you, what type of group are you and what do you do?

a) Why do you need this grant and how will any	funding be used?				
) Who will benefit from this grant and what do y	ou hope to achiev	/e?			
How many people will benefit from the	0-4yrs	5-11yrs	12-19yrs	20-55yrs	55+yrs
project or initiative in these age ranges?					
d) When does your project begin?	02				
	e?				
d) When does your project begin?	e?				
d) When does your project begin? What geographical areas will your project serve		Commun	lity priori	ities	
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d) When does your project begin? What geographical areas will your project serve	n and Local			ties	
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Section4: Financing	VOUL PRO	lect/initiative
Section4: Financing	Jour bio	

Section4: Financing	your project/initiati	/e	
Please note: You are required	to provide a detailed break	down of all costs associated	with your application for funding.)
a) What is the total cost of	our project?		
b) How much funding are y	ou applying for?		
c) Is this a completely new	project? Yes No	d) Is the application for a	a once only cost? Yes No
e) If applying for less than t	ne full project costs, how wi	I you fund the remainder?	
f) Where do you receive fu	nding from? (Include any su	upport in kind from the Highl	and Council).
g) Please tell us who else	you have applied to, and the	e result of other funding app	lications.
h) Have you previously rece	eived a grant from K.C.C?		Yes No
If so please provide further	details including when and h	now much funding you have	received from the K.C.C.
Section 5: Additional	Information		
Is there any other information additional information or cor		support of your application	for funding? You may wish to send

A detailed breakdown of all costs associated with your application for funding. A copy of a recent bank statement for all accounts held in the name of your group. A copy of your most recent annual accounts or audited accounts. Your equal opportunities policy or statement. (if applicable) Your constitution or other governing documents. A copy of your last annual report and/or AGM minutes. Your child protection policy, where appropriate. (if applicable) Your safeguarding vulnerable adults policy, where appropriate. tion 7: Declaration ensure that that this form is signed by a minimum of two appropriate membersigning this declaration we agreed that: The information provided in this application is correct. We will complete and return a Project Completion Report within six months of receiving funding.
A minimum of two estimates/quotes from two different independent suppliers. A detailed breakdown of all costs associated with your application for funding. A copy of a recent bank statement for all accounts held in the name of your group. A copy of your most recent annual accounts or audited accounts. Your equal opportunities policy or statement. (if applicable) Your constitution or other governing documents. A copy of your last annual report and/or AGM minutes. Your child protection policy, where appropriate. (if applicable) Your safeguarding vulnerable adults policy, where appropriate. ction 7: Declaration e ensure that that this form is signed by a minimum of two appropriate members signing this declaration we agreed that: The information provided in this application is correct. We will complete and return a Project Completion Report within six months of receiving funding. We have adequate and appropriate insurance cover for our activities.
A copy of a recent bank statement for all accounts held in the name of your group. A copy of your most recent annual accounts or audited accounts. Your equal opportunities policy or statement. (if applicable) Your constitution or other governing documents. A copy of your last annual report and/or AGM minutes. Your child protection policy, where appropriate. (if applicable) Your safeguarding vulnerable adults policy, where appropriate. Stion 7: Declaration The ensure that that this form is signed by a minimum of two appropriate members igning this declaration we agreed that: The information provided in this application is correct. We will complete and return a Project Completion Report within six months of receiving funding.
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Chairperson Treasurer Secretary
Date Date
Please print Please print Please print