

Community Chest Grant Application Form

Round 2: January 2018

Official use only	
Area	
Date	Initials

ABOUT YOUR GROUP/ORGANISATION

Applicant	Group/Organisation	
Name:	Name:	
Address:	Address:	
Post code:	Post code:	
Tel:	Tel:	
Email:	Email:	
Position:	Web:	
Please give a brief de	escription of your group/organisation.	
What is the status of your group/organisation? (Tick all that apply)		
☐ Registered Charity	Charity Number:	
☐ Community Group	☐ Voluntary Organisation ☐ Tenant Association	

ABOUT YOUR PROJECT

Please describe the project/activities that you plan to use your grant for.			
Please tell us how you	identified the need for	this project/activity?	
Please tell us the steps you have taken to generate or attract funding from other sources		g from other sources	
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who will be the main t	Deficiaries of the acti	vity/project? Please gi	ve numbers, ages.
Where will the project/activity take place?			
winere will the project	activity take place:		
Estimated Start date		Estimated end date	

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ABOUT YOUR GRANT

Please state how much money you need for your project and what it will be used for. If you can recover the Value Added Tax (VAT) you must only show the net amount. If you are including volunteer time this must be entered in both expenditure and funding.

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and that the group/organisat	tion is
agents or employees are not the activity or project taking p	
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Return to: Community Regeneration, Economic & Inclusion Policy Team, Planning & Economy Directorate, County Hall, Morpeth NE61 2EF. communitychest@northumberland.gov.uk

FINISHING YOUR APPLICATION

We can only process your application if:

- You complete all the questions on this form; andYou send us all of the necessary documents.

Please refer to the Community Chest Guidelines before completing this checklist.

ESSENTIAL – you must provide the following:	Please tick
Completed, signed application form. An application submitted online or via email will be considered to be signed.	
Copy of Constitution/Articles of Association.	
Proof of bank account in the name of the organisation, e.g. recent bank statement, and a copy of the most recent end of year accounts.	
Equal Opportunities Policy or written statement approved by your group/committee.	

WHERE APPLICABLE – by ticking the boxes you are confirming that you have the following:	Please tick
Security of tenure (Freehold, or leasehold with not less than 5 years remaining)	
Licensing, including event licences and premises licence.	
Liability Insurance.	
Safeguarding policy.	
Vulnerable adult statement.	
Planning permissions.	
Evidence of at least two quotations for goods or services above £5,000.	

Any other relevant policies and procedures for working with the target community, please list:	Please tick