

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 *General Criteria, Guide to the Application Process and Terms and Conditions of Funding* before you complete this application form.

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

Section 1: Contact information

a) Name of Group/Organisation

b) Contact Name

c) Telephone Number

d) Contact Address

e) Postcode

f) Your Position in the Group

g) E-mail Address

h) Cumbria County Council will not share any information you provide in sections b)-g) (above), however other community groups or their representatives may wish to contact you. Do you give your permission to pass on your details?
Yes No Please note: you can withdraw your permission at any time.

i) Please give a brief description of your group e.g. who are you, what type of group are you and what do you do?

j) How many members do you have in your group?

Male

Female

Section 6: Supporting Documents

You are required to enclose the following documents to support your application for funding:

- a) A minimum of **two estimates / quotes** from different independent suppliers.
- b) A detailed **breakdown of all costs** associated with your application for funding.
- c) A copy of a recent **bank statement** for all accounts held in the name of your group.
- d) A copy of your most recent **annual accounts or audited accounts**.
- e) Your **equal opportunities policy or statement**.
- f) Your **constitution** or other governing documents.
- g) A copy of your last **annual report** and/or **AGM minutes**.
- h) Your **child protection policy**, where appropriate.
- i) Your **safeguarding vulnerable adults policy**, where appropriate.

Section 7: Declaration

Please ensure that this form is signed by a minimum of two appropriate members of your group.

In signing this declaration we agreed that:

- 1 The information provided in this application is correct.
- 2 We have read, understand and accept the Terms & Conditions of Funding for Cumbria County Council.
- 3 We will complete and return a Project Completion Report (PCR) within six month of receiving funding.
- 4 We have adequate and appropriate insurance cover for our activities.

Signatures

Chairperson	Treasurer	Secretary
Date	Date	Date
Please print	Please print	Please print

Please tell us how you found out about our community grants scheme:

Please return you completed application form to your local Area Office.

Allerdale Community Development Team

Health, Care and Community Services
Cumbria County Council
West Cumbria House
Jubilee Road Workington
CA14 4HB
Tel: **01900 706013**

Eden Community Development Team

Health, Care and Community Services
Cumbria County Council
Penrith Community Fire Station
Carleton Avenue
Penrith CA10 2FA
Tel: **01768 812660**

Copeland Community Development Team

Health, Care and Community Services
Cumbria County Council
Cleator Moor Library
The Square
Cleator Moor CA25 5AP
Tel: **01946 505020**

Carlisle Community Development Team

Health, Care and Community Services
Cumbria County Council
Cumbria House
117 Botchergate
Carlisle CA1 1RD
Tel: **01228 226730**

Barrow Community Development Team

Health, Care and Community Services
Cumbria County Council
Nan Tait Centre Abbey Road
Barrow-in-Furness
LA14 1LG
Tel: **01229 407312**

South Lakeland Community Development Team

Health, Care and Community Services
Cumbria County Council
County Offices
Kendal
LA9 4RQ
Tel: **01539 713419**