

South Cambridgeshire District Council



Community Chest Application Form

Please ensure that you have read the conditions and guidelines before completing this form

A. Your details	Complete this section
1 Name of organisation	
2 Address of organisation	
3 Contact name & position	
4 Telephone number	
5 E-mail	
6 Name of project	
7 Amount of funding requested	
8 Cheque to be made payable to	<p data-bbox="84 1529 667 1653">If the cheque is being accepted on your behalf by another organisation please include name and signature here. This person's organisation agrees to make full payment to your organisation after accepting the cheque.</p> <p data-bbox="699 1529 914 1563">Name of organisation:</p> <p data-bbox="699 1585 954 1619">Name and role of contact:</p> <p data-bbox="699 1686 802 1720">Signature:</p>
9 Address cheque to be sent to (if different from above)	

B. Declaration

I have read the guidelines for completing this form and have read and understood the criteria and general conditions under which any grant may be awarded. The information I have given on this form and in any supporting documentation is correct to the best of my knowledge.

Signed

Print name
(and position if different
from section A)

Date

For official use only

Reference:

Date received:

C. South Cambridgeshire District Council Priorities/Aims

Please indicate which of these priorities your project relates to. Only tick the box or boxes that apply to your project.

Being a listening council, providing first class services accessible to all	<input type="checkbox"/>
Ensuring that South Cambridgeshire continues to be a safe and healthy place for you and your family	<input type="checkbox"/>
Making South Cambridgeshire a place in which residents can feel proud to live	<input type="checkbox"/>
Assisting provision of local jobs for you and your family	<input type="checkbox"/>
Providing a voice for rural life	<input type="checkbox"/>

D. About your organisation **Guidance**

1 What does your organisation do?

Please state the overall aim of your organisation and describe the usual activities / services your organisation provides.

2 If the project involves working with children, young people or vulnerable adults you will need to have an appropriate protection policy.

Do you have the appropriate protection policies in place?

Yes

No

If relevant please include a copy with this application form or contact Cambridge Council for Voluntary Service for advice.

3 Is your organisation affiliated to another body? If Yes state which.

Please include any national or local bodies to which your organisation belongs.

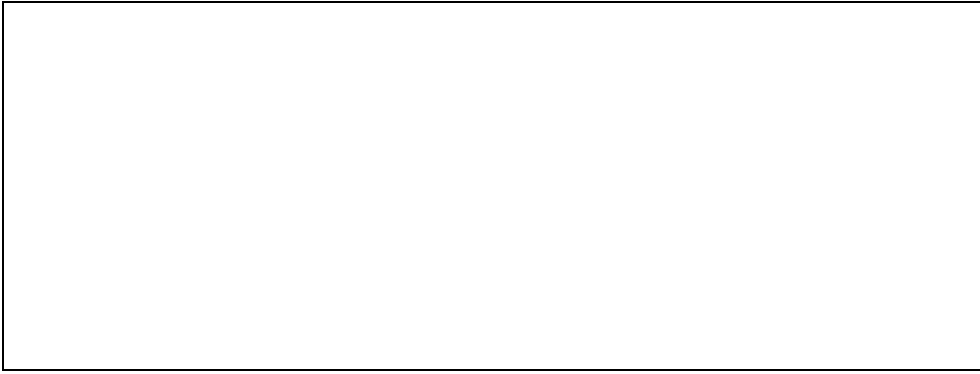
E. About your proposal **Guidance**

1 How do you plan to use the funding?

Please remember that this fund is for one-off projects and purchases and should not be relied upon in future years. Therefore, the sustainability of your project should be considered before submitting your application.

2 What difference will the funding make to the local community?

Appendix 2



Try to explain who will benefit from your project and in what way. Please relate this back to the priorities set out in section C.

Appendix 2

3 Which village/s will benefit from the funding?

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Please note that projects based solely in one village are as important to us as those covering more than one village

4 Please tell us about any consultation that took place before you decided there is a need for this funding.

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How did you know there was a need for this funding? Who did you talk to? E.g. Children, young people

5 Are there any risks involved in completing your project?

a) Risk to successful completion of the project?

Yes

No

b) Risk to service users?

Yes

No

If yes, please state how you will minimise these risks.

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It is your responsibility to carry out appropriate risk assessment for the project. If you are unsure about this please ask for guidance.

F. Financing your project

Guidance

1 Please give a breakdown of estimated costs for your proposal?

Expenditure Item

Cost (£)

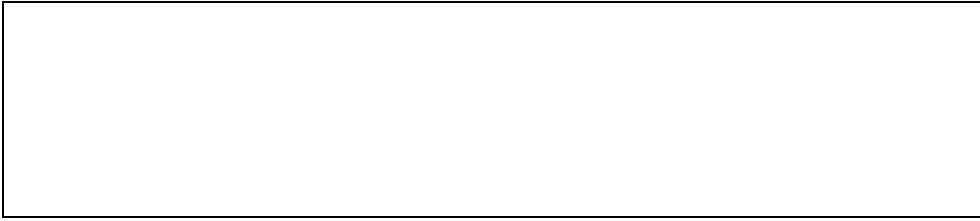
Expenditure Item	Cost (£)
Total	£

Please give as much detail as possible and include ALL costs. We will also require an up to date copy of your accounts.

If you do not provide correct information, it may jeopardise your application's success.

2 Please list all other sources of income you hope to receive if the total cost is more than that applied for.

Appendix 2



This can include any money coming into the project including contributions from other funders, ticket sales etc.

G. Checklist

Please ensure you have included the following with your application:

- | | | | | |
|---|--|--------------------------------------|--------------------------------------|--------------------------------------|
| 1 | A copy of your organisation's constitution or mission statement | <input type="checkbox"/> | | |
| 2 | An up-to-date copy of your accounts | <input type="checkbox"/> | | |
| 3 | Appropriate protection policy, please tick relevant box: children, young people, vulnerable adults | Children
<input type="checkbox"/> | Y People
<input type="checkbox"/> | V Adults
<input type="checkbox"/> |
| 4 | Any other material you feel would support this application | <input type="checkbox"/> | | |

H. What to do now

Send your application to:

**Partnerships Officer
South Cambridgeshire District Council
Cambourne Business Park
Cambourne
Cambridge
CB23 6EA**