



## Sport Relief Community Cash Grant Application Form – Part A

### Section 1.0 – All about you

1.1 Name of your organisation \_\_\_\_\_

1.2 Organisation Address details

Address Ln1			
Address Ln2			
Address Ln3			
Post Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (these are the details that will be used for correspondence purposes)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Evening Tel No.	
Fax No.	
Mobile No.	
Email	
Address Details (if different from Org address)	
Ln1	
Ln2	
Ln3	
Town	
Post Code	

1.3 When did your organisation start?  Month  Year

1.4 What type of organisation are you? (Tick as appropriate)

- A registered charity, if yes, please give your number \_\_\_\_\_
- A limited company. If yes please give your number \_\_\_\_\_
- Unincorporated club or association
- Community Interest Company
- Other: Please specify: \_\_\_\_\_

1.5 Are you part of a larger regional or national organisation

- Yes       No

1.6 Staffing and volunteers

How many of each of the following are involved in the organisation (Numbers) :

Full time Staff / Workers	<input type="text"/>	Management committee	<input type="text"/>
Part Time Staff / Workers	<input type="text"/>	Volunteers (not incl Management Committee)	<input type="text"/>

1.7 Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides (Maximum of 300 words)





### 3.4 Primary issues

Enter into the box below a single option from the list below. This should represent the primary issue that will be addressed by this grant

Other issues addressed, (please tick all that apply)

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Health and Wellbeing	<input type="checkbox"/>	Social Inclusion
<input type="checkbox"/>	Community Support and Development.	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Social Services and activities
<input type="checkbox"/>	Counselling/Advice/Mentoring	<input type="checkbox"/>	IT / Technology	<input type="checkbox"/>	Sport and Recreation
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Poverty and disadvantage	<input type="checkbox"/>	Supporting family life
<input type="checkbox"/>	Disability and Access issues	<input type="checkbox"/>	Racial and Cultural Integration	<input type="checkbox"/>	Transport Issues
<input type="checkbox"/>	Education and Training	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Employment and Labour	<input type="checkbox"/>	Rural issues	<input type="checkbox"/>	
<input type="checkbox"/>	Environment/Recycling/renewable energies	<input type="checkbox"/>	Social Enterprises	<input type="checkbox"/>	
<input type="checkbox"/>	Others (please state)				

### 3.5 Primary Age group

Enter into the box below a single option from the list below. This should represent the primary age group that will benefit from this grant

Other age groups affected, (please tick all that apply)

<input type="checkbox"/>	Early Years (0-4)	<input type="checkbox"/>	Young People (13 – 18)	<input type="checkbox"/>	Adults (26 – 64)
<input type="checkbox"/>	Children (5 – 12)	<input type="checkbox"/>	Young Adults (19 – 25)	<input type="checkbox"/>	Seniors (65+)

**Section 4 - Project Budget**

4.1 What is the total project cost £ \_\_\_\_\_

4.2 How much has been raised so far £ \_\_\_\_\_

4.3 How much money are you applying for: £ \_\_\_\_\_

4.4 Budget breakdown summary (including VAT)

Please provide a breakdown of costs under separate headings for instance - staff, volunteer expenses, publicity and activity costs. Please also provide a cost breakdown i.e. 10 hrs @ £10 - £100

## **Section 5.0 – Other Information**

5.1 Please send the following information with your grant application:

- A copy of your governing document
- A copy of your most recent accounts or income and expenditure statement

5.2 Please provide contact details for an independent person who can be contacted and can talk knowledgeably about the work your organisation does in your community.

Referee:

Name:

Telephone Number:

Email Address:

5.3 If you work with children and young people:

- a. If your project plans to engage with children, have you included a copy of your child protection policy?
- b. Please confirm that all people who will be working with children are CRB checked

5.4 Please provide as a separate attachment/document the contact details of the members of your governing body/management committee:

5.5 Please provide your organisation's bank details:

Name of Bank Account \_\_\_\_\_

Name of Bank/Building Society \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

5.6 Please provide the names and signatures of the signatories for your bank account. Please provide this information in the space provided below.

Bank accounts should have at least two unrelated signatories, and preferably three.

Name of Signatory	Signature
1.	
2.	
3.	
4.	
5.	

5.7 Data protection

*The contents of this application are protected under the Data Protection Act (1998). Information gathered on this form may be shared with: external assessors; auditors; and funders. The contact details of your group may be shared with other organisations and individuals with a legitimate interest in learning more about your work, unless specified below.*

I agree to CCF sharing our contact details with others (please circle):

Yes

No

5.8 Please sign and date your application below to confirm that the above information is correct.

Name:

Position:

Date:

5.9 Feedback: To help us monitor the quality of our delivery, please provide us with ratings on the following:

A. How would you rate the service you have received during the application process from Capital Community Foundation?

Not Satisfactory		Satisfactory		Good		Very Good	
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Please provide any comments here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. How easy did you find the application form to complete?

Easy, no problems		Had some difficulty with some questions		Found form very hard to complete	
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Please provide any comments here; including any difficulties you had or if you felt the form was easy to complete \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form BY POST to:**

Capital Community Foundation  
357 Kennington Lane, London, SE11 5QY

Tel: 020 7582 5117 [www.capitalcf.org.uk](http://www.capitalcf.org.uk)  
[enquiries@capitalcf.org.uk](mailto:enquiries@capitalcf.org.uk)