

APPLICATION FORM

COMMUNITY CHEST

You must refer to the Application Pack before completing this form. Please make sure that you answer all the questions and that you submit your constitution and accounts. The deadlines for applications will be: **15 April 2011, 15 September 2011 and 15 January 2012.**

Name of Organisation/Group

Address

	Postcode

Name of Contact Person in Group

Daytime contact details

	Tel: E-Mail:
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Charity Number

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Bank Account Details

Account Name: Account Number: Sort Code: Name of Bank/Building Society How many people are required to sign each cheque?
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Annual Income

What was the income of your group in its last full financial year? £ (Exclude any income for capital items such as buildings and equipment)	
Please tick if you are a new group that has been operating for less than 1 year	<input type="checkbox"/>

Geographical Area

In which local authority area does the group mainly operate within? (eg Inverclyde, Fife etc)

Areas of Activity: Does your group work with

Health Issues <input type="checkbox"/>	People excluded due to:
Disability Issues <input type="checkbox"/>	Ethnic Origin <input type="checkbox"/>
Older People <input type="checkbox"/>	Gender <input type="checkbox"/>
Families & Young People <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

What are your Group's main activities?

Tell us about the grant you are applying for. Please be as specific as possible, for example, if the grant is to be used for Running Costs tell us what particular costs you would like help with.

How much do you want? (max £1,000)

£

Please give us a breakdown of costs if the grant will be used for more than one item.

Item	£
TOTAL	£

If this application is part of a bigger project, subject to applications to other funders, please give details – you should include the names of other funders approached and how much has been requested.

Where did you hear about the grant?

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Please complete the 3 questions as fully as possible. We want to know the benefits, changes or improvement our grant will bring about.

How will this grant help sustain or develop your group and its activities?

How will this grant benefit volunteers or members of your group?

How will this grant benefit the wider community other than members?

INDEPENDENT REFEREE

Name and day time contact number for an independent referee who is familiar with your organisation (eg, someone from a statutory agency or from your local CVS or Volunteer Centre)

Name:	Organisation:
Relationship to Group	
Signature:	
Tel No (daytime): E-Mail Address:	

CONDITIONS OF GRANT

- 1 We will use the grant only for the purpose set out in our application and approved in writing by the Voluntary Action Fund (VAF). We will not make any changes to the project or to our expenditure of the grant without the prior approval of VAF.
- 2 In all publicity that we generate about our project and in our Annual Report we will acknowledge that it is supported by the **Voluntary Action Fund Community Chest** programme, which is funded by the Scottish Government.
- 3 We will complete the Monitoring Report on how the grant has been spent.
- 4 We will provide a set of annual accounts/financial statement within 9 months of the end of the financial year of grant funding. If appropriate, the form and content will be in accordance with the Charities Accounts (Scotland) Regulations 2006. Annual accounts or financial statements should clearly show the income and expenditure associated with Community Chest grant.
- 5 We will comply with any relevant legislation that affects the way in which we carry out our activities, e.g. Health and Safety, Protection of Children Scotland Act, etc. We will ensure that the planned activity does not discriminate on the grounds of gender, race, religion or sexual orientation.
- 6 We will advise VAF if we receive funding for this project from another source. We understand that if we receive more funding than is required for the project, we may be required to repay part or our entire grant to VAF.
- 7 If we anticipate that we will have an unspent balance at the end of the period of grant we will contact VAF.

Do you agree to VAF holding the information you have supplied in this application on a database for VAF's sole use. We will not share this information with a third party, however, we may publicise the grant awards we make.

Yes No

SIGNATURES

I confirm that all the information contained in the Application Form is true and correct. I agree on behalf of my group to comply with the Conditions of Grant. I understand that you may require more information at any stage of the application process.

Name:
Position in Group:

Signature:
Date

Name:
Position in Group

Signature:
Date:

Once complete please send to:

Patricia McKibben at Voluntary Action Fund, Dunfermline Business Centre, Unit 14, Izatt Avenue, Dunfermline, KY11 3BZ.

Please ensure you also enclose a copy of your constitution and latest set of accounts.

If you require any assistance with your application please call Patricia on 01383 620780 or e-mail: Patricia.McKibben@voluntaryactionfund.org.uk

CHECK LIST

- Have you completed all the questions on the Application Form?
- Have you signed the Application Form?
- Have you enclosed your:
- Constitution
- Latest Statement of Accounts