



Camp Hill
Community
Chest



Application Form

Project Details

Name of group applying

Contact name for this project

Project name (if applicable)

Address

Please tick preferred method of contact

Tel: (day)

Tel: (eve)

Email: (day)

Is your group a new or existing group? (please tick the appropriate box)

New

Existing

Aims of the group – What is the group's main purpose?

Description of project (please continue on a separate sheet if necessary)

Are you working in partnership with any other local group or organisation to deliver this project or have you worked with an agency officer to help develop your project or application? If so please list them?



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Referee Details

All applicants must provide us with details of an independent referee. Your referee must be a person with a professional or public position whose status we can check. They must be completely independent of your organisation but know about the project you are requesting funds for.

This section is to be completed by the referee themselves:

Name

Organisation

Address

Position held:

Tel:

Email:

How long have you known this organisation?

Why are you supporting this application?

Signature:

Date:

Application Form

Bank Account Details

Account Name

Bank/Building Society Name

Names of those authorised to sign cheques (normally at least two)

Please ensure you have completed all sections of the application form and the following details and documentation has been included with this application form:

A copy of your terms of reference or constitution signed and dated.

A copy of your last annual accounts or financial summary. If you are a new group, please provide a projected budget for your first year (a template is available if you need one, please ask a member of the Pride in Camp Hill team).

DECLARATION:

On behalf of the organisation named on the first page of this form I am, as their **Chair, Vice Chair, Treasurer or lead contact**, authorised to sign this application. We will ensure that all funding will be spent within 12 months of receipt and will engage in a final review meeting with one of the Pride in Camp Hill Team.

I confirm that if successful in our application that we agree:

1. To meet with the grant administrator 6 weeks after the end of the project or 12mths after receipt of the grant (which ever comes first) to provide a final report of the project which should include:
 - a. A summary of the project
 - b. Details of promotional activity undertaken
 - c. How your project has supported the community of Camp Hill
2. To supply a financial breakdown of project spend for the amount awarded along with copies of receipts. Any monies that are not accounted for may be claimed back.
3. Any publicity for the project will acknowledge the Camp Hill Community Chest and will use the Community Chest and associated logos where appropriate (these can be obtained from the Pride in Camp Hill office).
4. To ensure that the funding awarded will only be spent on the activities outlined in this application, unless a change in your spending activity has been agreed with a member of the Pride in Camp Hill Team prior to expenditure.
5. In the event that the project is cancelled or postponed, the amount awarded will be paid back to Pride in Camp Hill Ltd.

I confirm that, to the best of my knowledge and belief, all the information in this application is correct.

Signature:

Print Name:

Position:

Date:

Please return this form to:

Pride in Camp Hill Ltd, The Family Community Care Centre, Ramsden Avenue, Camp Hill, Nuneaton, CV10 9EB
 Tel: 024 7639 9093