



CoRE Legacy Fund – Grant Application

Please complete all sections of this form and return with any additional information by the deadline on our website.

1) Group/organisation Details

Name of your organisation			
Where will the workers for this project be based			
Type of Organisation (tick all that apply)	Charity	<input type="checkbox"/>	Parish Council
	Constituted Group	<input type="checkbox"/>	Trust
	Company Limited by guarantee	<input type="checkbox"/>	Other (describe)
	CIO	<input type="checkbox"/>	
CIC	<input type="checkbox"/>		
Charity number	<input type="text"/>	Company number	<input type="text"/>
Organisation website (if possible)	<input type="text"/>		
Date organisation established	<input type="text"/>	Date of Application	<input type="text"/>

2) Primary Contact (Person completing the form)

Contact Name	<input type="text"/>	
Position in Organisation	<input type="text"/>	
Telephone	Day: <input type="text"/>	Evening: <input type="text"/>
Address	<input type="text"/>	
Email Address	<input type="text"/>	

3) Secondary Contact (Must be a senior contact e.g. Chairperson, Treasurer etc)

Contact Name	
Position in Organisation	
Telephone	Day: Evening:
Address	
Email Address	

4) Project Details

Project Title			
Location of target community that will benefit			
Approximate number of people in this community			
Planned start date		Planned end date	
Do you require any consents, permissions or insurance in order to carry out your proposal? (We may ask you to provide evidence of this.)	Yes / No / Not necessary	If yes, is it/are they in place	Yes / No

Briefly describe your project ensuring that you explain how it matches one or more of the CoRE Legacy Fund themes and its expected impact (within 500 words if possible please).

You may attach more details separately but this is not a requirement.

Describe how your organisation will access the skills, expertise and competences required to deliver the project.

Project costs - Please list each item of expenditure for this project and please attach estimates or other evidence of costs where possible.

	Item	Cost	How determined estimate/quote etc
1		£	
2		£	
3		£	
4		£	
5		£	
6		£	
7		£	
8		£	
9		£	
Total expenditure			£
Amount requested from this fund		£	

Project income - If your project costs more than requested from us, please state where this will come from. If you have any match funding or in kind funding for this project, or if income from charges is anticipated, please list these here							
Secured Y/N				Secured Y/N			
1		£		3		£	
2		£		4		£	
Total income							
Have you previously applied the CoRe Legacy Fund,					Yes / No		
if 'yes' was it/ were they successful					Yes / No		
and please give date(s), project name(s) and amount of grant(s).							
Any grant payments will be made by cheque to the organisation named at the start of this application.							
<p>Declaration: In applying for this grant, we believe that our proposal meets the application criteria and we agree to spend any grant in accordance with our proposal and within the terms and conditions of the scheme.</p> <p>Is the declaration above true with respect to this application? Y / N</p> <p>A signed copy of this declaration will be required if your application is successful</p>							

Checklist

All sections of the application form are completed	
The application form's filename includes your organisation's name	
Governing document is attached (constitution, set of rules etc).	
Latest audited accounts attached. (If you do not have accounts please attach an explanation why)	
The declaration is accepted	
All documents are in Word or pdf format	

Please email the completed application along with any attachments to clf@berwicktrust.org.uk

You will receive an email acknowledgment. If you do not within two weeks of submission, or one week of the deadline passing (whichever is the sooner), please contact us without further delay to confirm that it has arrived.