|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name & Address of Organisation   1. **Group / Organisation Details** |  | | | | | |  |
|  |
|  |
|  |  |  |  |  |  |  |  |
| Type of Organisation (Tick all that apply) | Charity | |  | Parish Council | |  |  |
| Constituted Group | |  | Trust | |  |  |
| Company Limited by Guarantee | |  | **OTHER** (Please describe) | |  |  |
|  |
| CIO | |  |  |
| CIC | |  |  |
|  |  |  |  |  |  |  |  |
| Charity Number |  | | Company Number | |  | |  |
|  |  |  |  |  |  |  |  |
| Organisation Website |  | | | | | |  |
|  |
|  |  |  |  |  |  |  |  |
| Date Organisation Established |  | | Date of Application | |  | |  |
|  |
| 1. **Primary Contact** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Contact Name |  | | | | | |  |
|  |
| Position in Organisation |  | | | | | |  |
|  |
| Contact Numbers | **Day:** |  | | **Night:** |  | |  |
|  |
| Address |  | | | | | |  |
|  |
|  |
| Email |  | | | | | |  |
|  |
|  |  |  |  |  |  |  |  |
| 1. **Secondary Contact** (Must be a senior contact e.g Chairperson, Treasurer etc) |  |  |  |  |  |  |  |
| Contact Name |  | | | | | |  |
|  |
| Position in Organisation |  | | | | | |  |
|  |
| Contact Numbers | **Day:** |  | | **Night:** |  | |  |
|  |
| Address |  | | | | | |  |
|  |
|  |
| Email |  | | | | | |  |
|  |
|  |  |  |  |  |  |  |  |
| 1. **Project details** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Project Title |  | | | | | |  |
|  |
|  |
| Address of proposed project |  | | | | | |  |
|  |
|  |
|  |
| Target community who will benefit |  | | | | | |  |
|  |
|  |
| Approx Number of people in target community |  | | Planned Start Date | |  | |  |
|  |
| Planned End Date | |  | |  |
|  |
| Do you require any consents, permissions or insurances? (We may need evidence of these) |  | | If Yes, Are these in place? | |  | |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Briefly describe your project ensuring that you explain how it matches to one or more of the CoRE Legacy Fund themes and it's expected Impact (within 500 words) You may attach more details on a separate sheet if required | | | | | | |  |
|  |
|  |
|  | | | | | | |  |
|  |  |  |  |  |  |  |
| 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** | | **DETERMINED BY:** (Estimate / Quote) | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  |
|  | Total Expenditure | | **£** | |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Amount requested from Fund | | **£** | |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Project Income** | | | | | | |  |
| If your project costs more than requested from us, please state where this income will come from. If you have any match funding, or in-kind funding, for this project, or if income from charges is anticipated then please list these here | | | | | | |  |
|  |
|  |
| From | | | Amount | | Secured (Y/N) | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
|  | | | **£** | |  | |  |
|  |
| **Total Income** | | | **£** | |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Have you previously applied to the CoRE Legacy Fund? (Delete as applicable) | | |  | **Yes / No** |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
| If Yes, was the application successful? | | |  | **Yes / No** |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |
| Please give details of previous grant application (Project Name, dates and amount of grant if applicable) | | |  |  | | |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Declaration** | | | | | | |  |
| In applying for this grant, we believe that our proposal meets the application criteria. We agree to spend any grant money in accordance with our proposal and within the terms and conditions of the CoRE legacy scheme | | | | | | |  |
|  |
|  |
|  |
| Is the declaration above True with respect to this application? | | | | | **Yes / No** | |  |
|  |
| Signed | ….................................................................... | | | | Date: …........................... | |  |
|  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **ANY GRANT PAYMENTS WILL BE MADE BY CHEQUE TO THE ORGANISATION NAMED AT THE START OF THIS APPLICATION** | | | | | | |  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Checklist** | | | | | | |  |
| All sections of the application form are completed | | | | | Yes / No | |  |
|  |
| The application form includes your organisation | | | | | Yes / No | |  |
|  |
| Governing documents are attached (Constitution, set of rules etc) | | | | | Yes / No | |  |
|  |
| Latest audited accounts attached. If not, why? | | | | | Yes / No | |  |
|  |
| The declaration has been signed | | | | | Yes / No | |  |
|  |
| All documents are in word or pdf format | | | | | Yes / No | |  |
|  |
|  |  |  |  |  |  |  |  |
| Please email the completed application along with any attachments to [clf@berwicktrust.org.uk](mailto: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. | | | | | | |  |
|  |
|  |
|  |
|  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
|  |

|  |
| --- |
|  |