

CoRe Legacy Fund – Grant Fund 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 & Address of Organisation							
			1	.			
	Charity			Parish Council			
Type of	Constituted	d Group		Trust			
Organisation (Tick all that	Company Limited by Guarantee			OTHER (Please describe)			
apply)	CIO						
	CIC						
						•	
Charity Number			С	ompany Number			
Organisation Website Address							
Date Organisation Established			D	ate of Application			
2. Primary Conf	tact						
Contact Name							
Position in Organisation							
Contact Numbers	Day:			Night:			
Address							
Email							

3. Secondary Contact (Must be a senior contact e.g Chairperson, Treasurer etc)				
Contact Name				
Position in Organisation				
Contact Numbers	Day:		Night:	
Address				
Email				
4. Project detai	Is			
Project Title				
Address of proposed project				
Target community who will benefit				
Approx Number of people in			Planned Start Date	
target community			Planned End Date	
Do you require any consents, permissions or insurances? (We may need evidence of these)			If Yes, Are these in place?	

Amount of CO ₂ Reduction	Amount of Gas Reduction (M ₃)	
KwH Generation	Money Savings	

Briefly describe your Project ensuring that you explain how it matches the CoRE Legacy
Fund themes, a calculation of potential future savings and it's expected Impact on the
Community and beyond
(You may attach more details on a separate sheet if required)

Proje	et Costs	
Please list each item of expenditure for thi	ect Costs s project and please att sts where possible	ach estimates or other
<u>ITEM</u>	COST	DETERMINED BY: (Estimate / Quote)
	£	
	£	
	£	
	£	
	£	
	£	
	£	
Total Expenditure	£ £ £	
Total Expenditure Amount requested from	£ £ £ £	

D	4		
Pro	ect	inco	me

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

<u>From</u>	<u>Amount</u>	Secured (Y/N)
	£	
	£	
	£	
	£	
Total Income	£	
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)

\Box	1000	-4i-a-a
Dec	ıara	ation

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:

<u>Checklist</u>	
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
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.