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| **CAIRNIE GLASS COMMUNITY TRUST GRANT APPLICATION FORM** | | | | | | | | | **MAIN GRANT FUND (£1,000 TO £10,000)** | |  | |
| **SMALL GRANT FUND (£100 TO £1,000)** | |  | |
| **1.1 NAME OF APPLICANT** | | | | |  | | | | | | | |
| **1.2 NAME OF PROJECT** | | | | |  | | | | | | | |
| **1.3 NAME OF MAIN CONTACT** | | | | |  | | | | | | | |
| **1.4 EMAIL** | | | | |  | | | | | | | |
| **1.5 ADDRESS** | | | | |  | | | | | | | |
| **1.6 PHONE** | | | | |  | | | | | | | |
| **2. APPLICANT** | | Tell us about your group. Where is it based? What is its purpose? What are its usual activities? Does the group have a constitution? | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **3. COMMITTEE MEMBERS** | | Who are the committee members/directors/trustees of the organisation? Who are the office bearers (Chair, Treasurer, Secretary etc.) | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **4. PROJECT DESCRIPTION** | | Tell us about the project. Where is it located? What will you do? How did you identify the need for the project? Who will it benefit? Will it continue to be viable after the funding has stopped? | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **5. FUND THEMES** | | | How does the project support the following funding themes? Please only tick the themes which are appropriate to your project and explain in the box. | | | | | | | | | |
| **Sense of Community** | | |  |  | | | | | | | | |
| **Enhancing our environment** | | |  |  | | | | | | | | |
| **Health and wellbeing** | | |  |  | | | | | | | | |
| **Lifelong learning** | | |  |  | | | | | | | | |
| **Heritage and the arts** | | |  |  | | | | | | | | |
| **PLEASE ONLY COMPLETE SECTIONS 6 AND 7 IF YOU ARE APPLYING TO THE MAIN GRANT FUND (£1,000-£10,000)** | | | | | | | | | | | | |
| **6. BENEFICIARIES** | | | Who are the main beneficiaries of the project? How will they benefit? Is the project aimed at a particular group in the community? Are the beneficiaries of the project primarily resident in the eligible area? How will you ensure (where reasonable) that the project will benefit the widest possible section of your community? Please refer to the equal opportunities section in the Funding Guidelines. | | | | | | | | | |
|  | | | | | | | | | | | | |
| **7. FINANCE** | | | How much are you contributing to the project? Explain why you need funding from CGCT. How have you ensured that costs are good value for money. | | | | | | | | | |
|  | | | | | | | | | | | | |
| **8. PROJECT COSTS** (all project costs- add more rows if needed) | | | | | | | **MATCH FUNDING** (what other funding have you applied for) | | | | | |
| **ITEM –** include details of supplier | | | | | **£** | | **FUNDER** | | | **£** | | |
| **1** |  | | | |  | |  | | |  | | |
| **2** |  | | | |  | |  | | |  | | |
| **3** |  | | | |  | |  | | |  | | |
| **4** |  | | | |  | |  | | |  | | |
| **5** |  | | | |  | | **GRANT REQUESTED FROM CGCT** | | |  | | |
| **TOTAL** | | | | |  | | **TOTAL** | | |  | | |
| **9. PROJECT TIMESCALE** – When will the project start and end? What are the key milestones? | | | | | | | | | | | | |
| **Date** | | | | | | | **Milestone** | | | | | |
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| **10. PROJECT CHECKLIST** | | | Please include anything which may support the application. Some suggestions are below, but many of these may not apply to your project. Please add or delete as appropriate | | | | | | | | | |
| Constitution | | | | | |  | | Permissions | | | |  |
| Quotes | | | | | |  | | Bank statement | | | |  |
| Letters of Support | | | | | |  | | Match funding confirmation | | | |  |
| Plans/designs | | | | | |  | | Most recent accounts | | | |  |
| *Add as appropriate* | | | | | |  | |  | | | |  |
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| **11. ACKNOWLEDGEMENT** | | | | | | | | | | | | |
| Please tick the boxes below to confirm:  I agree that the information provided above is accurate to the best of my knowledge and the application has been completed in accordance with the funding guidelines.  I agree that my personal data is held by CGCT under the terms of use outlined in CGCT’s data protection policy and privacy notice. Copies of these documents are available on request by emailing [cairnieglasscommunitytrust@gmail.com](mailto:cairnieglasscommunitytrust@gmail.com) | | | | | | | | | | | | |
| **Full name** | | | | | | |  | | | | | |
| **Position within organisation** (if applicable) | | | | | | |  | | | | | |
| **Date** | | | | | | |  | | | | | |