**Chiddingfold Community Fund**

**AREA FUND APPLICATION FORM**

*Once completed please deliver this completed form to:*

CHARLOTTE WHITE (CCF SECRETARY) ROSENEATH, WOODSIDE ROAD, CHIDDINGFOLD, GU8 4RN

[**cmwhite05@aol.com**](mailto:cmwhite05@aol.com)

*Before applying, please read the eligibility guidance* [*https://www.cfsurrey.org.uk/guidance/*](https://www.cfsurrey.org.uk/guidance/)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of organisation:** | |  | | | |
|  | |  | | | |
| **Contact name:** | |  | | | |
| **Contact phone number(s):** | |  | | | |
| **Contact e-mail:** | |  | | | |
| **Contact address:** | | *Post Code:* | | | |
| **Short summary of the main activities carried out by your organisation:**  (*Where and when do you meet, how many people attend, and what you do?)* | |  | | | |
| **Amount applied for***:*  *(Please submit a photo of a recent bank statement)* | |  | **If a grant of over £2k, indicate if Director of Grants has approved:** | **Yes / No** | |
| **What the money is to be used for:** | |  | | | |
| **Please explain how you know that people in your community want/need this project/activity?** | |  | | | |
| **Please tick to confirm that your organisation has the following in place:** | | | | | |
|  | A Management Committee of at least 3 unrelated members which operates in line with your Constitution; | | | | |
|  | A bank account on which at least two signatories are required to authorise transactions. | | | | |
|  | CONDITIONS OF GRANT AWARD   * Any and all monies awarded must be used for exclusively charitable purposes. * The award is intended to fund the items specified in your request. * The grant should be recorded as Restricted Income in your accounts. * If the project/activity changes in any way from the original application, the Chiddingfold Community Fund must be notified immediately. * If you have been unable to start using the grant within three months of receipt, or it cannot be used for the purpose for which it was awarded you must contact the CCF as soon as possible. * Public information about any grant awarded may be shared in open datasets. No personally identifying information will be published. * As part of the conditions of the grant, you agreed to complete a short end of grant report. * As part of the conditions of the grant you agree to list the Chiddingfold Community Fund logo on all pre and post marketing material. * As part of the conditions of the grant you will supply the CCF with a relevant photo after the event.   I have read and agree to the terms and conditions. | | | | |
| Has the organisation received a grant from the Chiddingfold Community Fund prior to this application? | | | | Yes | No |
| **Declaration by organisation contact:**   * I am authorised to make the application on behalf of the above organisation and certify that the information above is correct. * If this information changes in any way, I will inform the Community Foundation for Surrey (CFS). * I give permission for the CFS to record the details of my organisation electronically.   Signed: …………………………………………………Date: …………………..................................... | | | | | |

**For Chiddingfold Community Fund / Community Foundation for Surrey use only:**

|  |
| --- |
| **Supporting Comments of Chiddingfold Community Fund Grant Panel / Community Member:**  Guidance for completing the due diligence can be found in the ‘Due Diligence Guidance for Area Fund’ document.  **Does the Organisation pass the CCF Eligibility Criteria? Yes / No**  **Has the Governing Document been checked? Yes / No**  **Do they have a good financial policy/submitted requested financial evidence Yes / No**  **Do they have a good safeguarding policy? Yes / No**  **Have they sent a recent bank statement/ requested bank details? Yes / No**  **Has the Charity Commission / Companies House been checked? Yes / No**  **CCF Panel Checking Due Diligence:**  **Date Due Diligence Completed:** |
| Approved by Chiddingfold Community Fund Committee Members:  Signed:…..……………………………………………….…..…………………….….. Date…………………...  Print name:…...……………………………………………….…..…………………….…..…………………….…..…    Signed:…..……………………………………………….…..…………………….….. Date…………………..  Print name:...……………………………………………….…..…………………….…..…………………….…..… |
| Application No. …………………………  Approved by ………………………………………………………………………………… Date…………………..  Community Foundation for Surrey, Chief Executive  Approved by ………………………………………………………………………………… Date…………………..  Community Foundation for Surrey Fund Manager |