**Clocaenog Forest Wind Farm Fund**

**Small Grants Application Form**

Make sure you have read the Guidelines for Applicants before you complete this application. Please submit in word if typed, if handwritten please use black ink. Please answer every question. Where the question is not appropriate to your organisation or project please write Not Applicable (N/A)

*For Office Use Only:*

*Reference number..................... Date of receipt.........................*

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| **Section 1: About your organisation** | |
| Organisation name: |  |
| Organisation address: | Post code: |
| Organisation e-mail / phone  (If applicable) | E-mail:  Phone: |
| Applicant contact information: | Name:  Role in the organisation:  E-mail:  Phone:  Mobile: |
| **Are you a part of a wider organisation/affiliated to any National Governing Body?**  Yes  No  If yes please state which organisation/body: | |
| Please describe your organisation type (charity/social enterprise/community group) | Charity number:  Company number: |
| Your organisation main purpose / goals |  |
| Mission statement or general area of work |  |
| Your geographical area of work - Local community, county, regional, national |  |
| **Is membership of your organisation and the project open to anyone who wants to join?**  Yes  No  If No please explain why? | |
| How many paid staff do you employ?  How many volunteers do you have? | Full time:  Part Time:  Volunteers: |

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| **Section 2: About your project** |
| **Project title:**  **Start date**: **End date:** |
| **Please describe your proposed project –** (What are you going to do? how are you going to do it? what will the funding be used for? who are you working with?) |
| **Why do you need to undertake this project? (**you must show evidenced need, ideally from community / service users. Identify there is no duplication / that demand exceeds supply of existing service) |
| **What is the community benefit of this project?** (what difference will it make? How many beneficiaries will there be? Who will benefit? What are the short- and long-term benefits?) |
| **Targets/Outcomes** (Please give measurable targets and any soft outcomes identified  and how will these be measured? Including volunteer recruitment and job creation/retention if applicable) |
| **Support for the project?** (Please include with your application quotes of support from service users, the local community and any other organisations or key partners) |

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| **Section 3: Financial details** | | | |
| **Expenditure** | **Cost £** | **VAT £** | **Total £** |
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| **Total project cost =** |  |  |  |
| **Match funding (please list, if approved – we will need to see confirmation) =**  **1.**  **2.**  **3.**  **4.**  **5.** |  |  |  |
| **Total requested from Clocaenog Forest Wind Farm Fund =** |  |  |  |

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| **Is your Organisation registered for V.A.T.?** | Yes  No  *If yes; you will be expected to reclaim V.A.T. on your project and any grant paid will exclude the V.A.T. element* |

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| **Have you received funding from the Clocaenog Forest Wind Farm Fund before?**  Yes  No  Date approved: Project reference: |

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| **Section 4: Check list** |
| **Please ensure** the following documents have been included as part of your application:   * Copy of organisation constitution * Equal Opportunities, Language and Safeguarding policy      * Written quotes / estimates * Copy of latest accounts * Copy of latest bank statement * Profit and loss account budget (businesses) * Copy of building lease/ownership (if required) * Copy of planning permission or listed building   consent (if required)   * Evidence/letters of community support for project (5 max)     **If any of these are not included please send a covering note as to why not or when they will be received** |
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| **Bank details**  Account Name:  Sort code:  Account number:  I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction.    Names of authorised signatories: ………………………………………………………….  …………………………………………………………. |

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| **To be completed by a representative of the organisation/group:**  **I confirm that all the information on this form is true and correct.**   |  |  | | --- | --- | | Representative name: | Position: | | Phone number: | E-mail: | | Signature: | Date: | |

**I confirm that this application is submitted with the full knowledge and approval of the management committee / directors or trustees of this organisation**

**Signed on behalf**

**of committee: ………………………………. Date ……………………………**

Community and Voluntary Support Conwy (CVSC) operating on behalf of Clocaenog Forest Wind Farm Fund, will use your personal information in order to process your funding application, and will be entered on a database utilised by CVSC and its Third Sector Support Wales partners (further information and our privacy notice are available from thirdsectorsupport.wales). The information will be held for the length of the Clocaenog Forest Wind Farm Fund project and then destroyed securely.

**Please return completed Application Form and supporting documents to:**

[**Grants@cvsc.org.uk**](mailto:Grants@cvsc.org.uk)

CVSC

7 Ffordd Rhiw

Bae Colwyn

Conwy

LL29 7TG

**For further help or advice please contact:**

Esyllt Adair 01492 523855 [esylltadair@cvsc.org.uk](mailto:esylltadair@cvsc.org.uk)

To find out more about how the Clocaenog Forest Wind Farm Fund is making an impact locally:



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