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**Inverclyde Community Fund**

**Grant Application Form**

To apply for a grant please complete this form and send it with:

1. A copy of your last annual report/financial statement.
2. A copy of your constitution/governing document
3. **Tell us about your organisation**

|  |  |
| --- | --- |
| **Organisation name** |  |
| Address |  |
| Telephone |  |
| E-Mail |  |

**Contact for this application**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone |  |
| Mobile |  |
| Email |  |

**Main Aims and Activities of Your Organisation**

|  |
| --- |
| Give details of your organisation’s aims and what you do. |
|  |

**Where did you hear about Inverclyde Community Fund?** (Please tick)

|  |  |
| --- | --- |
| Word of Mouth |  |
| Direct Email |  |
| ICF Website |  |
| Social Media (Facebook/Twitter) |  |
| CVS Inverclyde |  |
| Local Press |  |
| Other, (please detail) |  |

**Organisation Bank Account Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bank |  | | |
| Branch Address |  | | |
| Account Name |  | Postcode |  |
| Account No. |  | Sort Code |  |

1. **Tell us about your project/activity**

|  |  |
| --- | --- |
| Give details of the project / activity that will be supported by the grant. | |
|  | |
| Who or what will benefit from the project / activity? | |
|  | |
| How much grant are you requesting? | £ |
| What will the grant pay for? | |
|  | |
| When will your project / activity start? | Date |

1. **Referee**

Please provide the name and contact details of one referee who knows your organisation well and supports this application. Please check that they are happy to be contacted.

|  |  |
| --- | --- |
| Name |  |
| Position & organisation  (if appropriate) |  |
| Address |  |
| Telephone |  |
| E-Mail |  |
| In what capacity does this referee know your organisation? |  |

1. **Declaration**

In signing below:

* I confirm that I have authorisation from this organisation to submit an application.
* I confirm that the referee is aware of and supports this application for a grant.
* I agree to complete a monitoring report as requested for the grant.
* I declare that I have not knowingly provided false or misleading information above.
* I’m happy to support promotion of the Inverclyde Community Fund should my application be successful.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Position | Chairperson / Secretary / Treasurer / Trustee / Other |
| Date |  |

1. **Sending Your Application**

Please send your completed application form by email, post or in person with the following:

1. A copy of your last annual report/financial statement
2. A copy of your constitution/governing document

**Email:** [**apply@inverclydecommunityfund.org**](mailto:apply@inverclydecommunityfund.org)

**Post /** Inverclyde Community Fund

**In Person**: c/o Inverclyde Community Hub

75-81 Cathcart Street

Greenock

PA15 1DE

Thank you.

|  |
| --- |
| Inverclyde Community Fund, c/o Inverclyde Community Hub  75-81 Cathcart Street  Greenock  Inverclyde  PA15 1DE  Tel: 01475 711733  Email: [info@inverclydecommunityfund.org](mailto:info@inverclydecommunityfund.org)  C:\Users\susan\CVS Inverclyde\CVS Inverclyde - Documents\Connected Organisations\Inverclyde Community Fund\1 Inverclyde Community Fund\OSCR Logos\Blue background\small-blue-landscape.jpg |