**Community Chest Fund - Application Form**

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| **Name of organisation applying for grant** |  |
| **Named contact for this application** |  |
| **Position Held** |  |
| **Phone Number** |  |
| **Email Address** |  |

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| **Registered address** |  |
| **Correspondence address (if different)** |  |
| **Main phone number** |  |
| **Website, blog, or Facebook page (if applicable)** |  |
| **Type of organisation** **(Tick the box which describes your organisation and where applicable provide your registration number.)** |  Charity **□**Registration number: Community Interest Company **□**Registration number: Charitable Incorporated Organisation **□** Registration number:Other **□**Please state: |

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| **Are you part of a larger regional or national organisation?** | Yes | No |

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| **Please provide an organisational structure overview, so CHIP can understand it’s legal and constitutional makeup.** |  |

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| **Have you attached your latest set of audited accounts, or appropriate financial/verified statement with this application?** | Yes | No |

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| **Explain the status of the financial information provided.** |  |

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| **Describe the overall aims and objectives of your organisation and the activities or services you provide. (Max word count 200)** |
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| **Provide details of the CHIC member who is endorsing your application:** |
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| **Explain where you heard about CHIP and its Community Chest Fund:** |
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**2. Details of the proposed Activity for which you are seeking CCF Grant**

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| **Please provide a description of your project. (Max word count 200)** |
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| **Which area, community or neighbourhood will the project be delivered in?** |  |

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| **Tell us why you feel the project is needed and what evidence do you have to support this need. (Max word count 200)** |
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| **Outline below the key activities you propose to deliver and what outcomes will be achieved. In your response you will also need to demonstrate how your activity supports the values and relevant objectives of CHIP. (Max word count 350)** |
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**Staff and Volunteers in your Organisation:**

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| **Please tell us how many staff and volunteers will be involved in the delivering this project, and their roles:**  |
| **Paid Staff:** | **Volunteers:** |

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| **Explain the ways in which your project will create social value and how you will demonstrate this. (Max word count 150)** |
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| **Explain how your project will ensure that all activities are environmentally friendly. (Max word count 150)** |
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| **How much grant funding are you applying for?** | **£** |
| **Please describe below how the money will be spent. Include details of:*** **Any payments you will be making to third parties.**
* **The amount to be spent on staffing/volunteer costs.**
* **Any other funding that is part of this project.**
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| **If your application is successful, a Funding Agreement will be created detailing the milestones for funding release. Please provide a ‘Project Programme’ below.** |
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**Please provide details of an independent referee: someone who knows your organisation and has seen your work in a professional role but is independent of your organisation (i.e., not a trustee, director, or staff member).**

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| **Referee Name** |  |
| **Referee Organisation** |  |
| **Referee Position** |  |
| **Referee Email** |  |
| **Referee Phone Number** |  |

**This application has been completed by:**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Role in Organisation** |  |
| **Date Completed** |  |

**For CHIP use only:**

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| **Date Received by CHIP:** |  |  |
| **Date Received by Social Value Manager:** |  |  |
| **Date received by Head of Finance:** |  |  |
| **Processed for trustee consideration:** | Yes | No |
| **Date applicant advised:** |  |  |
| **If declined, date feedback provided by Social Value Manager:** |  |  |
| **If yes, date of trustee meeting:** |  |  |
| **Approved by Trustees:** | Yes | No |
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| **If no, date feedback provided by Social Value Manager:** |  |  |
| **If yes, date Funding Agreement signed:** |  |  |

Updated – March 2025