

Grant Application Form for Organisations

Application Number: _____

Before you spend time completing this application form please ensure you read the grant guidelines to ensure that your project meets the Cheshire Rural Trust criteria. If you need any help, please contact our administrators at Cheshire Agricultural Society.

Phone: 01565 650200 E-mail: info@cheshirecountysociety.org.uk

All sections of this application form must be completed.

1	Group / Organisation Information _____																																					
	Name of group / organisation _____																																					
	Project Name: _____																																					
	Please give details of 2 contacts in your group organisation.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Main Contact</th></tr> <tr><td style="padding: 2px;">Name</td><td>_____</td></tr> <tr><td style="padding: 2px;">Position</td><td>_____</td></tr> <tr><td style="padding: 2px;">Address</td><td>_____</td></tr> <tr><td style="padding: 2px;"> </td><td>_____</td></tr> <tr><td style="padding: 2px;"> </td><td>_____</td></tr> <tr><td style="padding: 2px;">Tel Day</td><td>_____</td></tr> <tr><td style="padding: 2px;">Tel Mobile</td><td>_____</td></tr> <tr><td style="padding: 2px;">Email</td><td>_____</td></tr> </table>	Main Contact		Name	_____	Position	_____	Address	_____		_____		_____	Tel Day	_____	Tel Mobile	_____	Email	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Second Contact</th></tr> <tr><td style="padding: 2px;">Name</td><td>_____</td></tr> <tr><td style="padding: 2px;">Position</td><td>_____</td></tr> <tr><td style="padding: 2px;">Address</td><td>_____</td></tr> <tr><td style="padding: 2px;"> </td><td>_____</td></tr> <tr><td style="padding: 2px;"> </td><td>_____</td></tr> <tr><td style="padding: 2px;">Tel Day</td><td>_____</td></tr> <tr><td style="padding: 2px;">Tel Mobile</td><td>_____</td></tr> <tr><td style="padding: 2px;">Email</td><td>_____</td></tr> </table>	Second Contact		Name	_____	Position	_____	Address	_____		_____		_____	Tel Day	_____	Tel Mobile	_____	Email	_____
Main Contact																																						
Name	_____																																					
Position	_____																																					
Address	_____																																					

Tel Day	_____																																					
Tel Mobile	_____																																					
Email	_____																																					
Second Contact																																						
Name	_____																																					
Position	_____																																					
Address	_____																																					

Tel Day	_____																																					
Tel Mobile	_____																																					
Email	_____																																					
2	Is your organisation / group a registered charity? Yes No																																					
	If 'Yes' please give your registration number _____																																					
3	When did your group start? (month / year) _____																																					
4	Does your project / activity have the support / involvement of local people? Yes No																																					
	If 'yes' what evidence do you have that local people are in favour? (please attach copies of letters of support, evidence of community consultation etc)																																					

5 What does your group / organisation do?

6 Please explain what project / activity you are seeking funding for and how a grant from Cheshire Rural Trust would make this possible.

7 Please explain who will benefit from this project / activity and how it will make a positive difference to them?

8 How do you know there is a need for this project / activity? (please provide supporting evidence e.g. letters of support)

9 Does this project / activity require planning permission or other special permissions / consents **Yes No**
If "Yes" please give details of the permissions required and state whether these have been obtained.

10 How much are you requesting from Cheshire Rural Trust? £ _____

11 In the table below please tell us the anticipated overall expenses on the project/activity for which you are applying and what income you need to cover these costs. Please include details about other funding awarded and/or applied for as well as the amount you are seeking from Cheshire Rural Trust. (Please also enclose copies of estimates / quotations in support of these expenses).

Expenditure	£	Income	
Equipment (please provide breakdown)		Cheshire Rural Trust	
Premises costs		Other (grants etc)	
Training costs		1.	
Other: (please list below)		2.	
		3.	
Total	£	Total	£

12 Does your group have its own bank account? **Yes** **No**
 If you have answered “**No**” to this question, please provide details of the accountable body to whom cheques should be made payable.

Does your bank account require 2 signatories? **Yes** **No**
 Bank / Building Society _____ Branch _____
 Bank Account Name _____
 Account No _____ Sort Code _____
 To whom should the cheque be made payable _____

- | | | | |
|----|---|------------|-----------|
| 13 | Does your project / activity involve children or vulnerable people? | Yes | No |
| | If 'Yes' do you have a child protection / vulnerable person policy and a designated child protection / vulnerable person officer? | Yes | No |

(A copy of your policy will be required with the submission of this application form)

- 14 Is there anything else you wish to tell us in support of your project? (please feel free to use additional sheets if you require).

This work must be undertaken within six months of receipt of funding. We understand that any grant money received for work not subsequently undertaken must be refunded. The applicants undertake to complete and return a progress report within six months of the date of funding and to provide such information regarding the project as may reasonably be requested from time to time.

I understand that the statements contained in this application are true and that the information provided is correct.

I understand that the decision of the trustees of the cheshire rural trust upon this application will be final and that the trustees may, but shall not be obliged to, give reasons for that decision. I understand i/we will have no right of appeal against that decision.

I understand that, my application, if successful may be used to further publicise the work of the Cheshire Rural Trust.

Name: (BLOCK CAPITALS) _____

Signed: _____

Date: _____

Please return to

Cheshire Rural Trust
c/o Cheshire Agricultural Society
Clay House Farm
Flittogate Lane
Tabley
Knutsford WA16 0HJ

Phone 01565 650200
Fax 01565 650540
email info@cheshirecountyshow.org.uk