A picture containing text, clipart

Description automatically generated

**Community Investment Fund Application Form**

**Please send this completed form to lucy.davis@nxgtrust.org.uk**

**Section 1: Organisation and contact information**

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Primary contact name and role** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **Website** |  |
| **Are you a registered Charity?** |  |
| **If no, please provide details of the organisations formal status** |  |

|  |
| --- |
| **Please tell us briefly what your organisation does.** |
|  |

**Section 2: Project information**

|  |  |
| --- | --- |
| **Project Name** |  |
| **Please describe your project or activity, including the number of people who will benefit (if applicable).** | |
|  | |
| **Please explain why you would like to do this project/activity and what difference it will make.** | |
|  | |

**Section 3: Project Costs**

|  |  |
| --- | --- |
| **Total cost of project** | £ |
| **Total applying to Trust for?** | £ |

|  |  |
| --- | --- |
| **Cost breakdown** | |
| *Please briefly outline the different items you will need to spend money on to deliver the above-mentioned activity.* | |
| **Description** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total project costs** | **£** |

**Section 3: Governance**

|  |  |
| --- | --- |
| Please confirm that you have the following organisational policies in place and up to date. | *Y/N* |
| Constitution or Memorandum and Articles of Association |  |
| Certificate of public and employers liability insurance that covers the activity being provided |  |
| DBS checks in place for all staff/volunteers who will have contact with young and/or vulnerable people. If you are not eligible for enhanced DBS checks please explain below. |  |
| Safeguarding policy and procedure |  |
| Risk assessment in place for the activity for which funding is being sought.*If you do not have this, we can provide a template and/or help you write one.* |  |

**Section 4: Declaration**

|  |
| --- |
| **Declaration** |
| I declare, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organisation)  that the information given in this application is accurate and agree that the above information will form the basis of the Terms and Conditions of any grant given resulting from this application.  We confirm that funded activities will be available free of charge to the beneficiaries.  We confirm that a report will be provided at the end of the project.  We confirm that valid receipts will be kept and stored for seven years. The New Cross Gate Trust reserves the right to request copies of receipts for auditing purposes. |
| Signed: Date: |
| Name and Position |