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| **Hutton**  **Community Fellowship**  **Application Form for Wind Farm Community Benefit Money**  **Please complete all sections that are relevant. Please refer to the Information Sheet.**  **Please note the text boxes will expand as you type.** | | | | |  |
| **Section 1: Contact details** | | | | | | |
| Name of Organisation or Group: | |  | | | | |
| Main Contact: | |  | | | | |
| Position: | |  | | | | |
| Telephone (main): | |  | | | | |
| Telephone (alternative): | |  | | | | |
| Email: | |  | | | | |
| Website: | |  | | | | |
| Correspondence address for this application, including postcode. | |  | | | | |
| Your organisation address including postcode (if different from above). | |  | | | | |
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| **Section 2: About the organisation** | | | | | | |
| When was your organisation established? | | Month |  | Year |  | |
| What type of organisation are you?  Please check the boxes as appropriate: | | Registered Charity. If yes, please provide your Charity Number. | | |  | |
| SC0 | |
| Limited company. If yes, please provide your Company Number. | | |  | |
| SC | |
| Unincorporated Club or Association | | |  | |
| SCIO. If yes, please provide your Company Number | | |  | |
| SC | |
| Community Interest Company, If yes, please provide your Company Number | | |  | |
| SC | |
| Other – please specify | | |  | |

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| How many of the following are involved in the organisation (numbers)? | | | | |
| Full time staff: | Part time staff: | Board/Management Committee: | Volunteers: | Members: |
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| Briefly describe the purpose of your organisation or group, outlining the main activities and services you provide. | | | | | | |
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| Please describe who benefits from the work of your organisation (e.g. members or service users) and on average how many people you work with per week, month or year. | | | | | | |
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| Please describe which of the grant criteria you meet. You will find these on the Information Sheet | | | | | | |
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| **Section 3: Financial details** | |
| What was your total income last accounting year? | £ |
| What are your current unrestricted reserves? | £ |
| Why can these unrestricted reserves not be used for this project? |  |
| Please state the name and position of the independent examiner who has signed your accounts. |  |
| Bank account name: |  |
| Please note if your account name is not the same as the name of your organisation, we may not be able to make a grant.  If it is different, please state the reason why. | |

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| **Section 4: Your project** | | | | | | |
| Please provide a brief description of what you are applying for including details of what it will do and how it will be run. | | | | | | |
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| How many people will benefit directly from the project? | | | |  | | |
| Please tell us how you have worked this out. | | | | | | |
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| What consultation have you done to ensure this project will meet the needs and interests of those involved? | | | | | | |
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| What difference will your project make to the people involved and how will you know this? | | | | | | |
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| When is the expected start and end date of the project? | | | Start: | | | End: |
| **Section 5: Details of grant requested** | | | | | | |
| What is the **total** cost of the project? | | | | £ | | |
| How much are you requesting? | | | | £ | | |
| How much have you raised so far? | | | | £ | | |
| Please state below other plans for raising the funds required. | | | | | | |
| Source of Funds | Amount Requested | Item/description | | Confirmed  Y/N | Date expect to receive decision | | |
|  | £ |  | |  |  | | |
|  | £ |  | |  |  | | |
|  | £ |  | |  |  | | |
| Will you be contributing any of your own funds to the project or fundraising locally to help meet the costs? | | | | YES  / NO | | |
| If so, please state how much and how these funds have been raised. | | | |  | | |
| Please provide a full cost breakdown of the amount you are applying for: | | | | | | |
| Item/Description | | | | Amount | | |
|  | | | | £ | | |
|  | | | | £ | | |
|  | | | | £ | | |
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|  | | | | £ | | |
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| **Section 6: Details of referee** | | | | | | |
| Name: | | | |  | | |
| Organisation: | | | |  | | |
| Position: | | | |  | | |
| Telephone (day): | | | |  | | |
| Email: | | | |  | | |
| Address: | | | |  | | |
| Relationship to your organisation: | | | |  | | |

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| **Section 7: Any other information?** |
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| **Declaration:** I certify that the information contained in this application is correct, and that I am authorised to make the application on behalf of the above organisation. I understand that decisions made by the Hutton Community Fellowship are final. | | | | |
| Name (please print): | |  | | |
| Signature: |  | | Date: |  |
| By submitting your application, you agree to allow Hutton Community Fellowship to retain your personal data on their database in order to process your application. We will use the information you give us to help assess your application and administer any grant we award you. We may also publish this information on our website or use it to analyse our grant making. We may give copies of this information to individuals and organisations we consult when assessing applications, when monitoring grants and evaluating our programmes. We may also share information with other organisations providing matched funding.  We will also use your contact information to send you details of other funding opportunities and Hutton Community Fellowship news. Please tick the box if you would prefer not to receive this type of information. | | | | |

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| **Sending us the application: Checklist** | |
| Please don’t forget to sign and date the application form and post to **Hutton Community Fellowship (either by email to** [**info@huttoncf.co.uk**](mailto:huttoncommunity@gmail.com) **or by post to one of the committee)** |  |
| Please enclose a copy of your signed constitution (or other governing document). This should be signed and dated by **at least two** members of your group’s management committee. |  |
| Please enclose a copy of your most recent independently examined annual accounts or, for new groups, a financial projection of the first year’s income and expenditure. Accounts should be signed by both the independent examiner **AND** a member of your group’s management committee. |  |
| Please enclose quotations as required (please see Guidance). If this is not possible or appropriate, please tell us why in a covering letter. |  |
| Please check you pay the correct postage for the size and weight of your application. We do not take responsibility for the return or non-delivery of applications sent with insufficient postage. |  |