

Chiddingfold Community Fund
APPLICATION FOR A SMALL GRANT
(Up to the value of £2,000)

Name of organisation:			
Payee:			
Contact name:			
Contact phone number(s):		Contact e-mail:	
Contact address:			
	<i>Post Code:</i>		
Short summary of the main activities carried out by your organisation: <i>(Where and when do you meet, how many people attend, and what you do?)</i>			
Amount applied for: What the money is to be used for:			
What new work do you hope to initiate as a result of this grant?			
Please explain how you know that people in your community want this project/activity?			
Please <u>tick</u> to confirm that your organisation has the following in place:			
<input type="checkbox"/>	A Management Committee of at least 3 unrelated members which operates in line with your Constitution;		
<input type="checkbox"/>	A bank account on which at least two signatories are required to authorise transactions.		
If you do not have the above measures in place we will contact you to discuss ways in which we may be able to help and support you to meet the above criteria.			
Declaration by organisation contact:			
<ul style="list-style-type: none"> • I am authorised to make the application on behalf of the above organisation and certify that the information above is correct. • If this information changes in any way I will inform the Community Foundation for Surrey (CFS). • I give permission for the CFS to record the details of my organisation electronically. 			
Signed:		Date:	

For Chiddingfold Community Fund/Community Foundation for Surrey use only:

Nominated by CCF mentor:

Supporting Comments of CCF Grant Panel / Community Member:

Approved by Chiddingfold Community Fund Committee Members

Signed:..... Date.....

Print name:

Signed:..... Date.....

Print name:

Approved by Date.....
Community Foundation for Surrey, Executive Director

Approved by Date.....
Community Foundation for Surrey staff member