

Community Investment Fund Application Form 2018/19

Please read the application guidance notes before beginning this form.

1. Applicant Details

Name of Organisation	
Name of Project	

Project Contact Name 1	
Address	
Postcode	
Phone	
Email	

Project Contact Name 2	
Address	
Postcode	
Phone	
Email	

2. Ward Area

Ward (please insert)	Local Action Partnership
	Eastern
	Strathearn and Strathallan
	Highland
	Strathtay
	Perth City
	Kinross-shire
	Almond and Earn

3. About your project

Provide a brief short summary of your project in no more than 50 words.

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Which Local Action Plan priorities does your project meet?

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Provide more detail on your project here. Please include what the project will achieve, why there is a need for it, and how the project will be delivered (word limit 300 words).

4. Beneficiaries and partnerships

Who is going to benefit from the project?

Groups:		
Numbers	Ages	Any Other Details?

Who else will be involved and how will they support the project? No more than 100 words.

5. Budget

How much are you applying to CIF for?	
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Provide a full breakdown of your proposed CIF budget. You can include a separate spreadsheet if required.

Description	Item and basis of costing (eg quote, hire cost, hourly rate etc)	Amount (£)
Accommodation/ Room Hire		
Activities		
Equipment or materials		
Volunteer Expenses		
Transport		
Fees		
Training		
Other		
Total Proposed Expenditure		

Provide details of any funding from other sources.

Name of Funder	Amount (£)	Applied for or secured?	Description of item funded

Provide details of in-kind support you expect to receive, including volunteer hours.

Nature of In kind support	Source	Hours	Amount if attributed

7. Timetable

Project Start Date		Project Finish Date	
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You will need to complete your project by 30 June 2019. Any unspent CIF award will be reclaimed and used for the CIF 2019/2020 application round.

8. Bank Details

This must be your group's account details. Individual bank accounts will not be accepted.

Account Name	
Account Number	
Sort Code	
Name of Bank or Building Society	
Address of Bank or Building Society	

Names and project roles of signatories (minimum 2 required)

Name and project role 1	
Name and project role 2	
Name and project role 3	
Name and project role 4	

9. Declaration

- I hereby certify that the information contained in this application is accurate.
- I acknowledge that in the event of a grant being made, the application form will be the basis of a binding agreement with Perth & Kinross Council.
- Any award made will be used for the purposes for which it is granted.
- The decision of the Strategic Policy and Resources Committee is final.
- No funding from other sources will be received, which would constitute double funding.
- All funding will be spent by 30 September 2019.
- Any unspent monies will be returned at the end of the funding period, although regular monitoring will ensure that monies are spent effectively.
- Applicants are requested to participate in any promotion in relation to their funded activities
- The information provided by you will be used by Perth and Kinross Council to update the contacts database and contact you about your application. Contact details will not be disclosed to third parties. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, or protect public funds where required by law. I understand that failure to comply with the above requirements may result in the recovery of monies paid.

Signature

Print Name.....

Project Role.....

Date.....