**Carradale Community Trust Abbeyfield Fund - Application Form**

***Note: Before completing this form applicants and/or their sponsors should familiarise themselves with the criteria for grants listed at Appendix A***

|  | Section 1 - Applicant Details |
| --- | --- |
|  |  **Individuals** |
| Name  |  |
| Address |  |
| Post Code |  |
| Telephone number |  |
| Email address |  |
|  | **Organisations** |
| Organisation |   |
| Contact person |  |
| Official position |  |
| Address |  |
| Post Code |  |
| Telephone number |  |
| Email Address |  |

|  |
| --- |
| ***Note: If you are completing this form on behalf of an individual (their sponsor) please provide your details below and give a reason for doing so.*** |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Post Code |  |
| Telephone number |  |
| Email address |  |
| Reason |  |

|  |  |
| --- | --- |
|  | Section 2 - Description of Project |
| Describe the project for which you seek funding(Continue on a separate sheet if necessary) |  |
| Total cost of project |  |
| Funding requested |  |

|  | Section 3 - Other Funding |
| --- | --- |
| Contribution towards project from individual or organisation. |  |
| Details of any other grant funding sought for the project and result of application |  |

|  Section 4 - Documentation |
| --- |
| Organisations should confirm which of the following essential documents are enclosed with application: |
| Copy of your constitution yes/no |
| A copy of your most recent bank statement yes/no |
| A copy of financial account for last 3 years yes/no |
| Individuals should confirm which of the following essential documents are enclosed with the application |
| Copy of your most recent bank statement yes/no |
| Copy documents detailing all other savings yes/no |

|  |  |
| --- | --- |
| If organisation or individual is unable to produce any of these documents please explain why: |  |

|  |
| --- |
| **Section 5 - Details of previous grants from the Abbeyfield Fund** |

|  |  |  |
| --- | --- | --- |
| Date | Purpose of funding | Amount  |
|  |  |  |

|  Section 6 - Professional Endorsement |
| --- |
| Where application is made by or on behalf of an individual, the form must be endorsed by a health or social care professional who confirms that the assistance sought is necessary, cannot reasonably be provided by the individual and explain why the statutory health and/or social care bodies are unable to assist. |

| Name/Signature |  |
| --- | --- |
| Position |  |
| Endorsement and any necessary explanation |  |

|  |  Section 7 - Declaration |
| --- | --- |
| I (Print full name) |  |
| Of (name of organisation where relevant) |  |

|  |
| --- |
| Hereby apply for assistance in the project described above. To the best of my knowledge and belief the information given in this application is correct.  |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

**Completed applications should be emailed to** abbeyfieldfund@hotmail.com **or sent to the secretary, Abbeyfield Fund, Brudhearg, Waterfoot, Carradale, Argyll, PA28 6QX**

The Abbeyfield Fund is part of Carradale Community Trust a charity registered in Scotland (Ref. No. SC024417)