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					
	<u>Organisations</u>				
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	1	yes/no				
A copy of your most rece	ent bank statement	yes/no				
A copy of financial accou	unt 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 fundi	ng	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 <u>abbeyfieldfund@hotmail.com</u> or sent to the secretary, Abbeyfield Fund, Brudhearg, Waterfoot, Carradale, Argyll, PA28 6QX