Carsphairn Renewable Energy Fund Limited

General Grant Application Form

Notes:

- Please read the accompanying guidelines and list of criteria before completing the application form to ensure your application is eligible
- **NOTE:** If you do not provide a valid application form and all required paperwork (i.e. Constitution, latest Bank Statement, latest set of Accounts) **before** the application deadline your application will be rejected and you will need to re-apply (this may cause your application to be deferred until the next meeting).

Applicant contact details

Organisation name	
Organisation's registered address	
Application contact name	
Application contact role in organisation	
Application contact telephone number	
Application contact email address	
Correspondence address *(if different from above)*	

Organisation details

Please provide a copy of your latest governing document and date of your last AGM with your application.		
What type of organisation are you? *(Please tick and provide number where appropriate)*	☐Scottish Registered Charity	**SC0**
	☐ Registered Company	**SC**
	☐Community Interest Company	**SC**
	☐Unincorporated (Voluntary Organisation)	
	☐Other (p*lease specify)*	
How many people are involved in the organisation?	Full Time (16 hours or more per week)	
	Part Time (less than 16 hours per week)	
	Board / Management Committee	
	Volunteers (*excluding committee)*	
	Members (if applicable*)*	
When were you established? *(month/year)*		
Date of last AGM		
What is your organisation's purpose? *(Please include your main activities and services you provide)*		

Who benefits from your services? *(Please include details of who and how they benefit)*	
How many people benefit directly from your services each week, month or year?	
Where do the activities and/or benefits occur?	

Financial details

Please provide a copy of your most recent bank statement, and a copy of your year end accounts for the last financial year. If you have been established recently, please provide projections for the next twelve months.	
Accounting year end date	
Total income for the last accounting year	
Total expenditure for the last accounting year	
Surplus or deficit at accounting year end	
Total savings or reserves at accounting year end	
Do you have unrestricted funds in your account? i.e. funds not provided for a specific purpose other than this project. *(if yes, why can these funds not be used for this project)*	

Project details

Project Title	
Brief description of the project continued on a separate page ☐ *(please tick, if appropriate)*	
How will the project benefit the Carsphairn Area of Benefit? *(Area of Benefit is within the Carsphairn Community Council and/or Carsphairn Parish boundaries)*	

Details of the funding request

Please provide details of project costs ☐ Please tick if continued in on a separate page		
Item or activity	Total cost (£)	Amount from CREFL (£)
Total Costs		
If less than £500 give details and breakdown of anticipated costs here. **For items costing more than £500 please provide *2* estimates*. (must be like for like and from separate suppliers).*** **For items costing more than £25,000 please provide *3* estimates*. (must be like for like and from separate suppliers).***		

Other applications

Are you making any applications to other grant agencies to assist you with this project?	YES / NO *(delete as appropriate)*
If yes, please give details	

Payment information

If your application is approved CREFL will transfer funds to your bank account using electronic payment. The payment will be sent to the bank account details shown on your latest bank statement (which you provided with your application).

Additional information

Prior to your application being discussed, you may be asked to provide additional information. You may also be asked to attend the meeting at which your application is being considered.

☐ **Please tick to confirm that you understand that by completing this application you are committing to ensure that proper records are kept for this project and that you may be required to complete a Grant Completion Report. CREFL reserve the right to ask for this information at any time.**

☐ **I understand that if I do not provide all the relevant paperwork (i.e. constitution, latest bank statement, latest set of accounts) before the meeting deadline my application will be rejected and I will need to re-apply.**

☐ **Please tick to confirm you have read and understood the CREFL Privacy Policy. This is available at** www.carsphairn.org/CREFL

Signature of applicant:		**Date:**	
Name:		**Position in Organisation**	

Completed forms should be submitted to the CREFL secretary by the relevant deadline:
CREFL Secretary, c/o Tom Wall, Cairnsmore House, Carsphairn, Castle Douglas, DG7 3TQ
or by e mail to: secretary.crefl@gmail.com