**Community Shop Fund Application**

The Community Shop has a small fund from which we can make donations to local not for profit organisations and for worthwhile causes whose objectives fit in with our own. You are not required to be a registered charity to apply.

Our objectives;

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| The objects of The Community Shop are to carry on activities which benefit the community and in particular (without limitation) to running a community shop for the benefit of the local community and surrounding areas by receiving donated goods and recycling them through the shop.  We will support vulnerable adults through our volunteer program.  We will work with our council, housing associations and other local groups to support the homeless and those on low incomes moving to the area.  Any profits will be reinvested in the enterprise with an aim of further community development enabling us to support other local community groups and charities with the consent of the CIC regulator where required. |

**Please note that each group may apply for a maximum amount of £500 in any one financial year.**

**Projects for consideration must be within the Argyll and Bute boundary**

**The Community Shop is supported by organisations and customers on many of the Islands which are outside of the mid Argyll council ward. We will look at all applications but please bear in mind that our emphasis will be on “local” projects and organisations as per our legal objects above.**

**Details of successful applications may be used by us for publicity purposes, such as newsletters, leaflets, social media, website etc. If you receive a donation we would expect you to use our logo on all your advertising.**

**We will also ask you to supply photos and/or receipts, where appropriate, to verify the work/project when completed.**

If you are interested in applying for a donation please complete and return this form to: [info@thecommunityshop.org](mailto:info@thecommunityshop.org) or

The Community Shop

53 - 63 Argyll Street. Lochgilphead. PA31 8NE

Any queries? Please do not hesitate to contact us on 01546 602223

or email: [info@thecommunityshop.org](mailto:stuart@thecommunityshop.org?subject=Funding%20Application)

**About Your Group**

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| --- | --- |
| **Name of your group:** |  |
| **Charity number if registered** |  |
| **Name of main contact:** |  |
| **Position in group:** |  |
| **Address:** |  |
| **Postal code:** |  |
| **Email address of main contact:** |  |
| **Telephone number of main contact:** |  |

**About the Project**

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| **Project Title** *Give your project a short title so it can be easily identified (Max 10 words)* |
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| **Location of Project** |
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| --- | --- |
| **Project Summary.** *Please describe your project and what it seeks to achieve (aims of the project) (no more than 150 words):* | |
|  | |
| **What is the focus of your project? (Please tick all that apply)** | |
| Culture and recreation (e.g. art, sport, music, history) |  |
| The environment (e.g. green initiatives, clean-ups, green spaces, wildlife and animal welfare) |  |
| Community facilities (e.g. building maintenance, playgrounds) |  |
| Community cohesion and engagement |  |
| Social activities (e.g. fun days, bingo, lunch clubs) |  |
| Health, wellbeing and personal and social development |  |
| Unemployment |  |
| Financial hardship |  |
| Training and education |  |
| Community safety (e.g. crime, anti social behaviour, safety initiatives) |  |
| Other (please specify) |  |

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| --- | --- |
| **How will you go about delivering your project?**  **(Please tick all that apply)** | |
| Providing workshops or training and development programmes |  |
| Running events and activities |  |
| Holding meetings, clubs or support groups |  |
| Providing trips and away days |  |
| Hiring a venue |  |
| Purchasing equipment or services |  |
| Providing a service not listed above |  |
| Other (please specify) | |

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| **Who are the main beneficiaries? (Please tick all that apply)** | |
| Children, parents and families |  |
| Young people |  |
| Older people |  |
| Minority ethic groups |  |
| Low income groups |  |
| People with disabilities or learning difficulties |  |
| The whole community |  |

**Your Organisation**

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| **Title:** |
| **Your Mission Statement:** |

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| Name of Bank Account |
| Name of Bank |
| Branch |
| Sort Code |
| Account Number |
| Please advise how you will promote receipt of this donation, i.e. through your newsletters, press release, flyers, acknowledgement at public events. |
| Applicant signatures (2 required)  Signatory 1  Tel No.  Date  Signatory 2  Tel No.  Date  . |

**Project Budget**

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| --- | --- | --- |
| Total Project Budget | £ | |
| How much are you applying for? | £ | |
| *Please provide breakdown by cost activity:* | | |
| **Item** | | **Cost** |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
|  | | £ |
| **How are you making up total budget?** | | |
|  | | |
| **Have you applied for any other grants? If so, was this grant approved? Please provide details of total sum and date of when this grant was received.** | | |
|  | | |

*When do you expect your project to start.*

*When do you expect your project to be completed.*

*We will discuss your application at our next Directors meeting and inform you of the boards decision immediately. Board meetings take place every two months.*

Information on this form, where grants are successfully awarded, will be retained for our records. Information in relation to unsuccessful grant applications will be retained for a period of 12 months or for a period of the financial year to which it relates, whichever is greater.

*For Community Shop Use Only*

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| **Authorisation**  Application approved / not approved (delete as appropriate)  Amount approved: £ \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Managing Director  Date  **.** |