

# TIERS CROSS COMMUNITY SOLAR FUND

For office use:  
Reference number:

## Application Form

### Contact details

Name of organisation

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Title

First name

Surname

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|---|--|
| Organisation address:   | Correspondence Address (if different): |
| Postcode:   | Postcode:                              |
| Position in organisation  |  |
| Daytime telephone number  |  |
| Mobile telephone number   |  |
| E-mail address <i>(please note all correspondence will be carried out via e-mail)</i> |  |
| Website   | www.                                   |
| How did you hear about this fund?   |  |

### About your organisation

Please describe the main activities of your organisation:

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When did your organisation start? (DDMMYY)

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Do you have a Health and Safety Policy and appropriate Insurance?

Yes

No



Please explain the need of your project you are seeking funding?

Please explain how you know the people in your community want this project/activity and what evidence have you collected to demonstrate this?

|   |        |      |
|---|--------|------|
| Project timescales (DDMMYY)                         | Start: | End: |
| How many volunteers are involved with your project? |        |      |
| How many paid staff are involved in your project?   |        |      |

**Beneficiaries**

|   |  |
|---|--|
| Who will benefit from your project?   |  |
| Please explain how the people or community accessing your services are disadvantaged, and tell us about the issues they face? |  |
| Approximately how many people will benefit?   |  |

|   |                          |                          |                                 |
|---|--------------------------|--------------------------|---------------------------------|
| Who are the primary beneficiaries for your project/activity? We would only expect one box to be ticked. |                          |                          |                                 |
| Disadvantaged / Low Income groups   | <input type="checkbox"/> | Local Community          | <input type="checkbox"/>        |
| People with Disabilities  | Homeless                 | <input type="checkbox"/> | people <input type="checkbox"/> |

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Families  | <input type="checkbox"/> | Black and Minority Ethnic groups         | <input type="checkbox"/> |
| Ex Offenders & Prisoners  | <input type="checkbox"/> | Not in Education, Employment or Training | <input type="checkbox"/> |
| Carers  | <input type="checkbox"/> | Rurally Isolated                         | <input type="checkbox"/> |
| People with Mental Health Difficulties  | <input type="checkbox"/> | Alcohol/Drug Addiction                   | <input type="checkbox"/> |
| Other   |                          |  |                          |
| What is the primary issue to be addressed? We would only expect one box to be ticked.   |                          |  |                          |
| Supporting Community Development  | <input type="checkbox"/> | Supporting Family Life                   | <input type="checkbox"/> |
| Providing Access to Services in Rural Areas   | <input type="checkbox"/> | Providing Health & Wellbeing Services    | <input type="checkbox"/> |
| Providing Sports & Recreation Service   | <input type="checkbox"/> | Promotion access to Arts & Culture       | <input type="checkbox"/> |
| Providing Poverty & Disadvantage Service  | <input type="checkbox"/> | Providing access to Education & Training | <input type="checkbox"/> |
| Supporting Environmental Issues   | <input type="checkbox"/> | Encouraging Volunteering                 | <input type="checkbox"/> |
| Other   |                          |  |                          |
| What is the primary age group being reached? We would only expect one box to be ticked. |                          |  |                          |
| Early Years 0-4   | <input type="checkbox"/> | Children 5-12                            | <input type="checkbox"/> |
| Young People 13-18  | <input type="checkbox"/> | Young Adults 19-25                       | <input type="checkbox"/> |
| Adults 26-65  | <input type="checkbox"/> | Seniors 65 plus                          | <input type="checkbox"/> |
| All ages  | <input type="checkbox"/> |  |                          |

### Outcomes/Monitoring

What do you aim to have achieved by the end of the project you are seeking funding? Tell us how you will know if your project has been successful?

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### Finance

|   |  |
|---|--|
| Date of latest management accounts received? (DDMMYY) |  |
| Total Income on accounts                              |  |
| Total Expenditure on accounts                         |  |
| Total amount of unrestricted reserves                 |  |



- **A photocopy of your signed, up to date constitution/set of rules. If we have received your most recent constitution within the last two years please reference this, there is no need to resubmit**
- **Copy of your most recent accounts**
- **An up to date bank statement**
- **Two competitive quotes for any expenditure over £1,000.00**
- **Two suitable signed references. The referees must be independent of your organisation but know its work well and know about the project for which you are requesting funds. Please do not provide a reference from a relative, friend, partner or another member of your group. The reference must include details on the following:**
  - ***How the referee knows your organisation***
  - ***Background information on the organisation***
  - ***An outline of the proposed project funding is being requested***
  - ***The beneficiaries & volunteers involved***

### **Data Protection**

This information will be stored electronically and will remain confidential to Tiers Cross Community Solar Fund. It will not be used for any other purpose without your agreement.

### **Next Steps**

Please take a copy of this completed form for your own records. We may ask you to refer to your application form during the application process and you will need to refer to it when filling out an end of grant report at the end of your project.

Please return this **original form** with the **copy of your constitution/set of rules, set of up to date accounts, bank statement** and **two suitable signed references** to: Mr Clive Griffith, Tiers Cross Community Solar Fund, 15 Westaway Park, Rosemarket, Milford Haven, Pembrokeshire, SA73 1JL

If you have any queries regarding your application please contact us by telephoning 07533 946505 or sending an email to [tierscrosscc@yahoo.co.uk](mailto:tierscrosscc@yahoo.co.uk)

## **Section 7 - Declaration**

*It is essential that you understand and agree to sign up to the following statements. If you leave the organisation or can no longer fulfil your responsibilities, or someone else takes over responsibility for the grant on behalf of the organisation, you must inform us immediately.*

Our signatures confirm our acceptance of the conditions below:

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance. If any factors change we will inform the Community Fund and understand that all or part of the grant may have to be repaid.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- If successful we will not use the grant for any other purposes, other than those specified, without first receiving authorisation from the Community Fund. We will not use the grant for goods or services already ordered or purchased.
- We understand that the grant may not include everything requested in the application.
- We will not dispose of any capital items purchased with the grant without the permission of the Community Fund.
- We agree to participate in monitoring, auditing and evaluation relating to this fund as detailed in the guidance.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with a Social Impact Report to the Community Fund at the end of the project, or within a year, whichever is sooner.
- We agree to the terms that no further applications will be considered until the Social Impact Report along with suitable receipts have been received and approved by the Community Fund.
- We agree to publicise the Tiers Cross Community Solar Fund by including their logo in any promotional publicity we produce such as newsletter, press releases and website.
- We agree to submit electronic jpeg photos of the project that the Community Fund can use to report back to donors and use for publicity.

### **Organisation Chair or Secretary**

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Committee member**

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_