

New Luce Community Trust Community Benefit Fund

For office use only

Application Form

It is important that you read the guidance notes before you complete this application form

About your group

1. Name of group

Name of main contact in the group

Title

First name

Surname

Post held

Address for correspondence

Postcode

Tel

Fax

Email

Have you made a previous application to the Trust Yes/No

If Yes please tell us the Reference Number(s) of the previous application(s)

About this grant

2. What does your organisation do? (refer to Guidelines - Question 2)

3. What does your organisation want to do with the grant from the Trust? (refer to Guidelines - Question 3)

Sort code Account number

Building society roll number (if applicable)

Please give the names of two bank account signatories and their positions for your organisation or the organisation that is supporting you.

1. Name Position

2. Name Position

7. How many people are involved with your group? (refer to Guidelines - Question 7)

Committee members	<input type="text"/>	Volunteers	<input type="text"/>
Paid staff	<input type="text"/>	Total Membership	<input type="text"/>

8. How many people will benefit from this project? (refer to Guidelines - Question 8)

9. Your signature on behalf of the organisation

I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate. I understand that Trustees of the New Luce Community Development Trust may collect supporting information at any stage of the application process. I further confirm that this application is made on the basis that if successful, the organisation agree to the following conditions:

- Use the grant only for the purpose agreed in the offer letter
- Complete an End of Project Report as requested
- Return any unspent portion of the grant after 12 months or sooner when requested by the Trustees
- Agree to any additional monitoring as required
- In the event that your group was to close within twelve months from receipt of a grant, any unspent portion would be returned to the Trustees, and any assets purchased with this grant will be given or transferred to another local voluntary organisation with similar aims and objectives.

Data Protection Act 1998.

The information given will be entered and processed on computer by the Trustees of New Luce Community Trust; the forms will also be kept. The information will be used by the Trustees for administration purposes of the grant scheme. Personal data is limited to contact names, position, address, telephone and other contact numbers, organisation, and project; it may be considered as sensitive personal data where the organisation/project is involved with matters relating to race, ethnic origins, politics, religions or similar beliefs, physical, mental health or sexual life.

Contact details will only be disclosed to third parties for the following purposes: to enable the Trustees to process your application; to announce successful projects, and to promote New Luce Community Trust generally via press releases and other bona fide promotional activities including placement on the New Luce Community Trust Website.

Please sign to show that you agree to the Trustees using your data in this way.

I agree to the above use of my data and I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate.

Signed by the contact person _____ Date _____

Print name _____

Please make sure that you send this form back to us fully completed and that you have enclosed a signed checklist.

Part or all of the information you provide us with will be held on computer. This information will be used for the administration of applications and grants and for producing statistics.

**Please return the completed application form and required documents to:
New Luce Community Trust
c/o Sharon Cameron
11 St Ninians Grove
Whithorn
Newton Stewart
DG8 8PT**