

The **co-operative** membership

Community Fund

Application form questions

Section 1 – Contact details

1. Name of your group
2. Your first name
3. Your last name
4. Your date of birth
5. Your position within the group
6. Your contact address and post code
7. Address and postcode of group (if different from your contact address)
8. Your daytime phone number
9. Alternative phone number
10. Your email address
11. Tick here if you regularly check your email and are happy for us to contact you by email

Section 2 – About your group

1. What does your group do?
2. When was your group set up?
3. Is your group a UK registered charity? Yes / No
4. If yes, please provide your charity number

The Co-operative Membership Community Fund is a trading name of the Co-operative Community Investment Foundation (CCIF), a registered charity in England and Wales (number 1093928), and a Company Limited by Guarantee, (number 4117665)

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5. Is your group a registered Co-operative? Yes/ No
6. Number of volunteers in your group
7. Please provide the following details from your most recent accounts

Total gross income	£
Total gross expenditure	£
Balance: Profit / (Loss)	£
Savings (reserves, cash or investments)	£
Assets (buildings / equipments)	£
Total	£

Section 3 – About your project

1. Describe the project for which you are applying for funding
2. Where are the people who will benefit from this project based? (including postcode)
3. Is your project ongoing?
4. If 'no', tell us when your project will start.
5. And when will your project end?
6. Please give us the costs associated with this project and how much this application is for

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Item	Total cost of item	Amount being requested from The Co-operative Membership Community Fund
	£	£
	£	£
Total	£	£

7. If the total cost of the project and the amount being requested are different, how will you make up the rest of the money?

Source	Amount
Total	£

8. If your project is for building, renovation or refurbishment, do you own the building? Yes / No
9. Do you own the lease? Yes / No
- If yes, how long is left on the lease of the building?
10. What is the name that should appear on the cheque, should your application be successful?
11. Please check one box to indicate the main community issue the project will deal with
- Access to services (e.g. counselling, tackling particular social issues such as homelessness, advice and advocacy, restoring and maintaining community facilities).
 - Active citizenship (e.g. projects that promote responsible community involvement such as neighbourhood watch and fairtrade groups).

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- Arts and culture (e.g. drama, reading, craftwork, music, museums, local history, restoration projects, cultural festivals).
- Community (includes groups of people who meet regularly to create a sense of community)
- Community safety (e.g. tackling crime and anti-social behaviour, supporting victims, tackling domestic violence and improving security).
- Education (e.g. training courses, peer mentoring or volunteer training).
- Equality and diversity (e.g. celebrations which aim to raise awareness of a particular group within the community, support for marginalised groups).
- Environment (e.g. improving the local environment or raising awareness about it, gardening, allotments, animal welfare groups, recycling projects).
- Health (e.g. dealing with mental health, healthy eating, drug and alcohol support groups, rescue services).
- Sports (e.g. junior football clubs, gymnastic clubs).

12. What will be the immediate changes (outputs) which happen as a result of your project?

13. What will be the long-term benefits (outcomes) of your project?

14. How many people will be active in making this particular project work?
Volunteers / Paid staff

15. What experience do you or your group have of running similar projects?

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16. Who will benefit from the grant? Tick the box(es) to show who will benefit from the funding, then fill in the numbers of people that will benefit in each group.

- Men
- Women
- Children (0-15)
- Young adults (16-21)
- Elderly people
- Asylum seekers and/or refugees
- People with disabilities
- Black or minority ethnic
- Ex-offenders
- Homeless people
- Lesbian, gay, bisexual and transgender people
- People on low incomes
- Single parents
- Victims of crime

If any other group, please specify

17. Will your project involve any other groups? Yes / No

If yes, please list these groups

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18. Please demonstrate how your project supports our values and principles

- Self- help
- Self-responsibility
- Democracy
- Equality
- Equity
- Solidarity

19. Is your project innovative in any way? Yes/ No (If yes, please explain)

20. If successful, how do you plan to let others know how The Co-operative Membership Community Fund has helped your project?

Section 4 – Independent Referee

Please provide details of an independent referee below

Please tick box if verbal consent has been obtained from the referee

(You must gain their consent before submitting the form)

1. Referee's full name
2. Referee's job title / occupation
3. Referee's contact address
4. Referee's daytime phone number
5. Referee's alternative phone number
6. Referee's email address
7. What is the relationship of this person to your group or organisation?

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Monitoring questions (optional)

1. How did you find out about The Co-operative Membership Community Fund?
(tick one box)
2. Which Co-operative Group outlets do members of your group use? (tick as many boxes as applicable)
3. Does your group have insurance with Co-operative Insurance Service (CIS)?
4. Does your group bank with Smile (the internet bank)? Yes / No
5. How many paid staff and/or volunteers group consider themselves to have disability?
6. Total number of paid staff and volunteers in the group.