

THE COMMUNITY FUND – GRANT APPLICATION

Organisation Name:		Charity Number: (if applicable)	
Organisation Address:			
Please provide a brief description of the activities your organisation undertakes:			
Contact Name:		Position:	
Contact Email:		Contact Phone:	
The outcome of your application will be notified by email to the contact listed above.			

1. Activity or Project Title:			
2. What category does your project fall into?			
Supporting vulnerable families, children and young people		Overcoming barriers to learning	
Encouraging volunteering and community involvement		Participation in sporting, arts or cultural activity	
Creating partnerships with other charities, community organisations or funding bodies			
Please explain the nature of the activity or project for which you are applying for funding, and what the grant will be used for.			

How will your activity or project benefit your local community?
If your application relates to sport, is the team a member of/ affiliated to a recognised sporting body?
If your application relates to children or vulnerable adults, are suitably qualified staff available and the relevant DBS checks in place? Please provide details.
Is the relevant insurance cover in place (e.g. public liability/employer's liability insurance)? Please provide proof by attaching appropriate documentation.
Has a risk assessment been carried out? Please provide a copy.
Does your project require extra permissions (e.g. landowner, planning permission)? Please provide details.

Proposed Date/s:			
Number of Participants:	No. Adults	No. Children	No. Staff
If your project is an outing/trip, please provide details.			
Outline itinerary:			
Transport Arrangements (if required): Please include the name of any transport company/provider			

3. Costs:		
Total Expected Cost £:		Amount Sought £:
Are you applying for, or receiving funding from another source? If so, please give details		
Cost Breakdown:		
Item:	Details:	Cost £:
Inspection visit (if required)		
Travel - to and from venue (include name of provider if applicable)		
Venue hire		
Entry fees		
Transport - while on trip (include name of provider if applicable)		
Staffing		
Insurance (if extra required)		
Food/refreshments		
Mileage (use of Foundation vehicles only)		
Equipment		
Other		
Total Expected Cost		

4. Supporting Information			
Item:	Included:		
Insurance Documents			
Risk Assessment			
Planning Permission			
Landowner's permission			
Other			
5. Data Protection			
<p>Data Protection Statement</p> <p>The personal data supplied in this form will be held by The Leys School in accordance with data protection legislation. This data will be processed for school administration and management purposes and in order to comply with legal duties. This data will be kept securely, and some data may be kept indefinitely.</p> <p>Please see the School's 'Privacy Notice for Third Parties' for more information, which is available on the School website.</p> <p>Consent to Contact</p> <p>By signing this form you are giving consent for The Leys School to contact you by email.</p>			
6. Signed on behalf of (if you are applying on behalf of a group)			
Print Name			
Position in organisation			
Signature:		Date:	

If you have any questions, we encourage you to contact Sarah at development@theleys.net or 01223 508970.

Completed application forms should be returned either electronically or in hardcopy to:

development@theleys.net

The Development Office

The Leys School

Cambridge

CB2 7AD

For Office use only				
	Small Grant:	Large Grant:	Signature:	Date:
Head of Outreach				
Director of Teaching and Learning				
Director of the Wider Curriculum				

Impact Report				
Received?	Yes		No	

For Accounts			
Amount Approved		Accounts Code	Leys Community Fund N006