

CSLR Trust Application Form

Please make sure you have read and understood the accompanying Guidance Notes & Terms and Conditions of Funding before you complete this application form.

Please write clearly using BLOCK CAPITALS if completing this application form by hand.

Please complete ALL sections.

1. Organisation Details

Name of organisation

Primary address of organisation/post code

What geographical area(s)/post code(s) does your organisation serve

Date organisation established/Charity Number if applicable*

Does the organisation have a constitution or other governing documentation

Yes

No

Email address and/or contact number

Website and/or social media details

Brief description of the organisations purpose

2. Contact Details

Name

Position in the organisation

Home address/postcode

Email address

Telephone number

3. Tell us about the project/initiative you want us to support

Please provide details of the project

Who will benefit from this investment

Is this part of a wider project

4. Financial Information

List the item(s) that you intend to purchase including the total number & the cost for each item including VAT*

Why do you need a grant funding contribution of up to 50%?

If you have applied for or received any other types of funding for this project – please provide details of the type of funding and amount applied for or received.

Does the organisation have a bank account*

Yes

No

Does the organisation have a recent set of annual or audited accounts*

Yes

No

5. Council Core Values

How your project would contribute to **at least one** of Cumberland Council's core values

6. Additional Information

Is there any other information you wish to provide in support of your application

7. Declaration

Please ensure that this application is signed by a minimum of two appropriate members of your organisation.

In signing this declaration, we agree that:

1. The information provided in this application is correct
2. We have read, understood and accept the Terms and Conditions
4. We have adequate and appropriate organisational insurance cover

8. Signatures

Chairperson

Signed

Please
print

Date

Treasurer/Secretary

Signed

Please
print

Date

Organisation Member

Signed

Please
print

Date

Please the completed application form to: **Carlisesouthernlinkroad@cumberland.gov.uk**

(Note * Documentary evidence will required - please refer to guidance notes)