

The Children's Aid Committee Charitable Fund



GRANT AID APPLICATION FORM

Charity Registration Number 1177803

www.thecac.org.uk

**PLEASE COMPLETE EVERY SECTION AND INCLUDE REQUIRED DOCUMENTS
WITH YOUR APPLICATION**

A. DETAILS OF ORGANISATION

Registered Name of Charity	
Known as	
Charity Registration No	
Charity Website	
Address & postcode	

B. CONTACT DETAILS

Name and position	
Are you a professional fundraiser?	Yes/No
Have you ever applied to CAC on behalf of others? If yes who.	Yes/No
Address and postcode Please be sure to complete contact details	
Phone day Phone evening Fax Mobile E-mail	

C. PERSONNEL

Current Nominated Honorary Officers by Name	and position:

Name of Leader in Charge	
Qualifications of leader	
Paid staff employed by the organisation	
Number full time	
Number part time	
What qualifications do they hold	
Number of volunteers involved.	



D. MEMBERSHIP INFORMATION

Age groups /bands	Numbers attending in each band	Major day of the week

E. PREMISES

Please give details of the premises, their size and facilities.	
Are the premises :- freehold/leasehold/rented	

F. POLICIES

Do you have a Health & Safety Policy?	Yes/No
When was it last updated? Date	
Can a copy be made available for inspection?	Yes/No
Do you have a Safeguarding Policy?	Yes/No
When was it last updated? Date	
Can a copy be made available for inspection?	Yes/No
What procedure do you have to vet staff & volunteers	

G. SAFEGUARDING QUESTIONS

- When was your Safeguarding Policy last approved by the Board?.....
- **Please attach a copy** of your organisation's most recent Safeguarding policy document and any supporting documents you may have (eg. from your Local Authority)
- Who is the Designated Safeguarding Lead (DSL) in your organisation and when did they last undergo Level 3 training or equivalent? **(Please attach a copy of their certificate)**

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- **What safeguarding training takes place for all staff, volunteers and trustees and how often?**

- **What Safeguarding concerns and/or serious incidents have been brought to the attention of any regulatory bodies, including the Charity Commission in the past year?**

- **How have these concerns / incidents been dealt with and what are the learning points and actions for the charity?**

H. FINANCIAL DETAILS

- **Please can you submit with your application, the following TWO PAGES from your most recently submitted set of annual accounts:**
 1. Profit and Loss Account / Statement of Financial Activities
 2. Balance Sheet / Statement of Financial Position

Regarding your most recent set of accounts filed with the Charity Commission:

What date were they submitted ?	
What accounting period do they cover?	

Please provide full details of ANY Trust Funds associated or connected with your organisation.

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I. PROJECT OUTLINE & METHODOLOGY

<p>1. AIM OF PROJECT (what does it seek to improve)</p>	<p>Age range</p> <p>Numbers</p> <p>Specific issues targeted</p>
<p>2. DESCRIPTION OF ACTIVITIES & METHODOLOGY (how will your activities be structured & delivered)</p>	<p>KEY PERSONNEL</p> <p>Project leader</p> <p>Other staff</p> <p>Qualifications</p>
<p>3. STAGES AND TIMESCALES OF PROJECT DELIVERY (the process of setting up and delivering the project)</p>	<p>WHEN BY / LOCATION</p>

<p>Evaluation: How will the effectiveness of the project be measured?</p>

K. CONDITIONS TO BE MET SHOULD A GRANT BE MADE

A condition precedent to a grant being made is the giving of undertakings by a duly authorised official of the applicant in the terms set out below and we would be obliged if you will confirm as follows:

- a) We undertake not to allow any activities in our Club/Centre, which may constitute an offence to the Office of the Chief Rabbi
- b) We undertake that any grant will only be used for the purposes for which it is requested and granted.
- c) The CAC reserve the right to demand repayment of the grant in full in the event of any building associated with the applicant's or/and this grant being sold within 5 years. We will take legal action for recovery of any grants against your organisation or/and its trustees and recommend that your trustees hold professional indemnity insurance.
- d) We confirm that all the information provided is accurate.

Please also agree to the following:

- e) That we may use information from your application and retain on our files without further reference
- f) We may take up references or make enquiries as we see fit in relation to this application

Signed by a duly authorised official	
Please print name	
Position of duly authorised official	
Date	

PRE-SUBMISSION CHECKLIST

PLEASE ENSURE YOU ARE ENCLOSING:

1. Copy of Safeguarding policy
2. Copy of Safeguarding lead person's qualification
3. Financial details as required