



Community Capital Project Fund 2025



Community Capital Project Fund

Application Form

Organisation name	
Project name	



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Section 1

Your contact Information

Main contact details

1.1 Please fill in the following details about the person in your organisation who will be the main contact for your application. We will contact this person to discuss your application in more detail should we need any further clarification.

Name of main contact

Title		First name		Surname	
Position in organisation					

Name of Organisation		
Address for correspondence including postcode		
		Postcode

1.2 Please enter your telephone number(s) and e-mail address (if applicable)

Daytime Telephone number	
Mobile number	
E-mail address	

1.3 If your organisation is a branch or division of a larger organisation, please tell us which one.

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1.4 What are the current activities of your organisation and how are these managed?

Section 2

Purpose of your application

2.1 Please be specific as this helps to ensure that any grant is applied for the intended purpose. A summary of Need, Purpose, Means of Delivery, Community Benefit and Expected Outcomes should be included here.

Overview of project (Need, Purpose, Means of Delivery, Community Benefit) (500 words)



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Expected Outcomes (200 words)

How will your project be sustained after this funding has been spent (100 words)

Is your project aimed at a particular group e.g. children, older people, disabled people, ethnic group

2.2 Does your project involve improving/altering any land or buildings?

Yes

No

If the answer to the question above is yes, please include the name and address of the land or buildings involved in your project in the box below?



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2.3 Has the owner given their consent to your project?

Yes

No

2.4 Who will be responsible for any continued maintenance of the project if required?

2.5 Have all consents, permissions been given to allow your project to proceed? Please provide details below to include any that are still pending waiting a decision.

2.6 Please enter details of the start and end date of your project

Project start date

Project end date



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Section 3

What is the total cost of your project?

Please note the following:

1. Maximum grant to any one organisation will be £5,000.
2. Grants will only be awarded to support capital projects.
3. Grants will only be awarded where organisations can demonstrate match funding is, or will be, in place before funds are released by Fairford Town Council.

3.1 Enter the total cost of your project below

3.2 Please detail how the money you are applying for will be spent

Costs	Description / Item	Number	Total £
TOTAL			

3.3 If you are applying for funding that is less than the total cost of your project, have you already raised the balance? (Please tick) n/a

Yes

No



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Important: We will not be able to release the grant until the balance has been raised or secured and applications asking for immediate funding in these circumstances will normally be returned. If you have secured any additional funding we will require you to send documentation to confirm this i.e. details of how and from where the balance will be met.

3.4 If you answered No to the question above, how much have you raised and when do you expect the balance to be raised by?

How much has been raised so far	
Date balance is expected to be raised by	
What are the sources of funding	



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Section 4

Payment Arrangements

If a grant is approved payment will be made direct to the bank account specified below. The account must be in the name of the organisation applying. There must be two unrelated signatories to the account and it should be a requirement that all cheques drawn from the account require two signatories for it to be validated. All recipients will be asked to sign a grant acceptance form prior to any funds being released.

Name of bank:	
Branch address:	
Name of account (this must be the organisation name you have given on the front cover of this form)	
Account number	
Bank Sort Code	
Names of signatories to account	
VAT Registration number (if applicable)	

*Note: if your organisation **is** VAT registered you can only claim for the net amount required for your project. If your organisation **is not** VAT registered you may apply for the gross amount required for your project.*



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Section 5

Certification: Please read the following paragraphs carefully.

We certify that the project details and the bank details given are correct and that the proposed grant will be spent on that project.

We undertake that if a grant is made towards the project, the grantee will comply fully with all the conditions set out in this document and the accompanying guidelines.

We certify that we are authorised by the grantee to sign this document on the grantee's behalf and that the grantee will be legally bound by it.

E-signature of applicant (this must be the person whose name and address is given in paragraph 1.1).

(Please provide your e-signature)

If you do not have an e-signature please make sure that you still print your name below

Name (please print)

Date



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Applications must be accompanied with the following information. Please tick to indicate that you have included these with your application.

A copy of your latest statutory accounts or approved management accounts

Confirmation of any additional funding you have secured that is required to enable your project to proceed

Evidence of a competitive procurement process (at least 3 quotes) for the project.

Thank you for completing this application.

Please make sure you have completed all of the sections before submitting it.

**Please submit the application form to
clerks@fairfordtowncouncil.gov.uk**

Deadline for applications is 31st December 2025