

## Localgiving.com Application Form

### Organisation Details

Name of Organisation:			
Address of Organisation:		Address for correspondence (if different):	
	Post Code:	District: (based)	
Target Districts (if different to above):		Area of Benefit Postcode:	
Contact person's name:			Title
Position in Organisation:			
Daytime Telephone no			
E-mail address:	<i>(Localgiving.com will use this address if you are accepted)</i>		
Website (if applicable)			
Charity Registration no (if applicable)		Date Established*	
Please briefly describe the aims and main activities of the Organisation			
Please tell us how many people are involved with your Organisation			
Paid Staff:	Full time <input style="width: 40px; height: 20px;" type="text"/>	Part-time <input style="width: 40px; height: 20px;" type="text"/>	
	Committee Members <input style="width: 40px; height: 20px;" type="text"/>	Users/members <input style="width: 40px; height: 20px;" type="text"/>	Volunteers <input style="width: 40px; height: 20px;" type="text"/>
Are you a member of your local CVS or other umbrella body	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please indicate which one</i>		

Please give the names and positions of the cheque signatories for the Organisation's bank account

Name .....Position.....

Name .....Position.....

Name .....Position.....

**Independent Referee**  
 To be completed by someone who knows your group and activities, but is not involved directly with your group,

Name:	
Occupation:	
Organisation:	
Contact Address:	
Postcode:	
Telephone number:	
Best Time to call:	
Email:	
I can confirm that I know the organisation applying for registration with Localgiving .com but have no involvement in it or its activities. I can be contacted to discuss the project further and may be asked to give a written reference.	
Signature.....Date.....	

**DECLARATION BY APPLICANT ORGANISATION**

I am authorised to make this application on behalf of the Organisation and confirm that the information provided in this application is accurate. If information in this application changes in any way I will inform Essex Community Foundation promptly.

Signed:	
Date	
Name: (Please print in block capitals)	
Position:	

How did you hear about Localgving.com?

## Essential Documents

### Enclosed

- A copy of your Organisation's Constitution or other Governing Document.
- Latest Annual Accounts.
- Latest Annual Report and Business Plan if available
- A photocopy of a current bank statement (no more than 3 months old)
- Your Equal Opportunities Policy / Code of Practice.
- Safeguarding Policy (Child Protection/ Vulnerable Persons Policy) if appropriate \*\*
- List of Committee Members with addresses and any relationship to each other
- Any other material you consider relevant to support your application.

*\*\* Essex Community Foundation recognises that it has a duty, as has every organisation working with children or vulnerable adults, to put in place safeguards to protect these client groups according to legislation with regard to beneficiaries, trustees, staff and volunteers. The Foundation is also committed to ensuring that all grant recipients understand and are aware of this duty and must, where relevant, have in place a safeguarding policy that is in line with current legislation and best practice, and procedures for dealing with issues of concern or abuse towards the prevention of risk. Best practice includes obtaining Criminal Record Bureau (CRB) or Enhanced CRB and other relevant checks for appropriate trustees, staff and volunteers. We would expect to see a statement to this effect within all safeguarding policy documents.*

**Please note it will not be possible for Essex Community Foundation to return any documentation to you, therefore please do not send original documents.**

**Please ensure the correct postage is used, as underpaid items will not be collected.**

**Please return completed form and the above essential documents to:**

Essex Community Foundation  
121 New London Road  
Chelmsford  
Essex  
CM2 0QT