The **co-operative** membership 🐝
Community Fund

Application form questions

Section 1 – Contact details
1. Your first name
2. Your last name
3. Your position within the group
4. Your contact address and post code
5. Address and postcode of group (if different from your contact address) – *Optional*
6. Your daytime phone number
7. Alternative phone number – *Optional*
8. Your email address
9. Confirm your email address
10. Preferred method of contacting me ○ Telephone ○ Email
11. Please tell us in which town or city your project will take place (including postcode)

Section 2 – About your group
1. Name of your group
2. What does your group do?
3. When was your group set up?
4. Is your group a UK registered charity?   Yes / No
5. If yes, please provide your charity number
6. Is your group a registered Co-operative? Yes/ No
7. Number of volunteers in your group
8. Please provide the following details from your most recent accounts

Total gross income	£
Total gross expenditure	£
Balance: Profit / (Loss)	£
Savings – current assets (reserves, cash or investments)	£
Assets – fixed assets (buildings / equipments)	£
Total	**£**

Section 3 – About your project
1. Tick if you have read the funding criteria □
2. Describe the project for which you are applying for funding
3. When will your project start?
4. When will your project end?
5. Please tick if your project is ongoing □
6. where are the people who will benefit from this project based? (Town and Postcode)

Financial information

Please tell us the cost of this project and how much this application is for (you'll need to submit a copy of your group's accounts if applying for more than £500).

Item	Total cost of item	Amount being requested from The Co-operative Membership Community Fund
	£	£
	£	£
Total	**£**	**£**

7. If the total cost of the project and the amount being requested are different, how will you make up the rest of the money?

Source	Amount
Total	**£**

8. What is the name that should appear on the cheque, should your application be successful?
9. If your project is for building, renovation or refurbishment, do you own the building? Yes / No
10. Do you own the lease? Yes / No
    If yes, how long is left on the lease of the building?
11. Please check one box to indicate the main community issue the project will deal with
    □ Access to services (e.g. counselling, tackling particular social issues such as homelessness, advice and advocacy, restoring and maintaining community facilities).
    □ Active citizenship (e.g. projects that promote responsible community involvement such as neighbourhood watch and fairtrade groups).
    □ Arts and culture (e.g. drama, reading, craftwork, music, museums, local history, restoration projects, cultural festivals).
    □ Community (includes groups of people who meet regularly to create a sense of community)
    □ Community safety (e.g. tackling crime and anti-social behaviour, supporting victims, tackling domestic violence and improving security).
    □ Education (e.g. training courses, peer mentoring or volunteer training).
    □ Equality and diversity (e.g. celebrations which aim to raise awareness of a particular group within the community, support for marginalised groups).
    □ Environment (e.g. improving the local environment or raising awareness about it, gardening, allotments, animal welfare groups, recycling projects).
    □ Health (e.g. dealing with mental health, healthy eating, drug and alcohol support groups, rescue services).
    □ Sports (e.g. junior football clubs, gymnastic clubs).
12. What will be the immediate changes (outputs) which happen as a result of your project?
13. What will be the long-term benefits (outcomes) of your project?
14. How many people will be active in making this particular project work? Volunteers / Paid staff
15. What experience do you or your group have of running similar projects?
16. Who will benefit from the grant? Tick the box(es) to show who will benefit from the funding, then fill in the numbers of people that will benefit in each group.
    □ Men
    □ Women
    □ Children (0-15)
    □ Young adults (16-21)
    □ Elderly people
    □ Asylum seekers and/or refugees
    □ People with disabilities
    □ Black or minority ethnic
    □ Ex-offenders
    □ Homeless people
    □ Lesbian, gay, bisexual and transgender people
    □ People on low incomes
    □ Single parents
    □ Victims of crime
    If any other group, please specify
17. Will your project involve any other groups? Yes / No
    If yes, please list these groups
18. Please demonstrate how your project supports our values and principles
    o Self- help
    o Self-responsibility
    o Democracy
    o Equality
    o Equity
    o Solidarity
19. Is your project innovative in any way? Yes/ No (If yes, please explain)
20. If successful, how do you plan to let others know how The Co-operative Membership Community Fund has helped your project?

Section 4 – Independent Referee
Please provide details of an independent referee below
Please tick box if verbal consent has been obtained from the referee □
(You must gain their consent before submitting the form)
1. Referee's first name and surname
2. Referee's job title / occupation
3. Referee's contact address
4. Referee's daytime phone number
5. Referee's alternative phone number – *Optional*
6. Referee's email address – *Optional*
7. What is the relationship of this person to your group or organisation?

Monitoring questions

1. How did you find out about The Co-operative Membership Community Fund? (tick one box)
2. Which Co-operative outlets do members of your group use?
3. Does your group have insurance with Co-operative Insurance Service (CIS)?
4. Does your group bank with Smile (the internet bank)? Yes / No
5. Please tell us if any paid staff or volunteers consider themselves to be from the ethnic backgrounds listed below, and if so how many:
6. How many paid staff and/or volunteers group consider themselves to have disability?
7. Total number of paid staff and volunteers in the group