Date Received:	
REF:	



The 9CCG Small Grants Scheme

ORGANISATIONAL DETAILS:	
Name of your group or organisation	
Does your group have a Constitution?	Yes No
Organisation Address	
Address:	
Post Code:	
PROJECT DETAILS:	
Name of the Project you are seeking Gran	nt for?
How much Grant are you applying for? (Maximum Grant award is £1,000)	£
Where is the project going to be delivered (The Project MUST be delivered within the 9CCG geography).	
Address:	stapinear engionity area,
Post Code:	

be processed		t the time it will
te:		
e:		
		x)
a ·	te: would like us to fu	ate:

BANK ACCOUNT DETAILS:

Bank Details We pay successful applicants using an electronic tra organisations bank account. Please remember that y statement.	nsfer, which means the money goes straight into your you must send the original of your most recent bank
Name of Account	
Sort Code	
Account Number	
Bank name, address and postcode	
Signatories – How many people must sig	ın each cheque
To be eligible for a grant your account must require at least two a	uthorised signatures for the release of funds. Please list everyone
who is authorised to sign cheques drawn from this account	Desition in Organization
Name	Position in Organisation

APPLICATION AUTHORISATION:

AUTHORISATION and CONTACT DETAILS

I hereby declare that:

- I have read and agree to abide by the standard terms & conditions contained within the Small Grant Fund Eligibility Criteria Notes governing the award of the 9CC Group's Small Grants Scheme
- I understand that any award made must be spent as itemised within this application. Any changes must first be approved by the 9CC Group's local administrator
- I understand that my organisation must supply any monitoring information required by the 9CC Group
- I understand that any underspend of a Grant Award by my organisation must be identified and returned to the 9CC Group
- All information provided in this application form is accurate to the best of my knowledge and belief
- I understand the terms of the 9CC Group Anti-Fraud and Corruption Policy (See www.9ccg.co.uk)

Signed
Date
Name (please print)
On behalf of (Organisation)
Email:
Tel No:

Return your completed form to: stephen.mccarron@live.co.uk

Stephen McCarron
Chief Operating Officer
C/O The Boswell Centre
18 Well Road
Auchinleck

KA18 2LA TEL: 07427654230

REMEMBER TO INCLUDE:

- 1. A signed copy of your organisation's constitution.
- 2. Latest copy of your bank statement or internet printout (within the last three months).