



Foundation

THE CLUB'S OFFICIAL CHARITY

LFC Foundation Community Initiatives Fund (supported by Liverpool Football Club)



Please complete this form and return it in accordance with the instructions provided.
Please use continuations sheet(s) as necessary.

Contact Person

Name of Organisation

Organisation Address

Main Contact Number

Mobile Number

Email Address

Project Name

Total Amount Requested

Initiative Start Date

Initiative End Date

Please provide an overview of the Community Initiative

How does the Community Initiative meet the Committee's Objectives?

Who and how many people will benefit from the Initiative? Will it benefit a particular group of people (e.g. children, teenagers, families, the elderly)?

Where will it take place/be situated?

Who will be involved in managing/running the initiative and what will be their roles? Are any such people volunteers?

Have you received any funding previously from this Community Initiative Fund or the Liverpool FC Foundation? If so, please provide details including the amounts, dates and purpose of such funding.

Are any of the people involved in the Community Initiative employees or volunteers from Liverpool FC, Liverpool FC Foundation, Liverpool City Council, Ward Councillors or residents of the L4, L5 or L6 Community? If so, please provide details.

Please confirm if your organisation has the following documents and where applicable please provide copies. Please also provide any additional documents or supporting information which you feel is relevant to your application.

	Yes	No	N/A or Comments
A governing document			
A business plan for the Initiative			
Risk assessment(s) relating to the Initiative			
A sustainability plan			
A bank account in the name of the organisation (with two unrelated signatories)			
Valid insurance (e.g. public liability and employer's liability)			
Safeguarding Policies (where relevant)			
Equal Opportunities Policy			
Health and Safety Policy			
Conflicts of Interest Policy			

Are you receiving funding, goods or services for this Initiative from any other party? If so, please provide details. Are you working with any other groups in terms of the delivery of this Initiative? If so, please provide details.

Declaration

On behalf of the organisation, we confirm that the information contained in this application is true and complete to the best of our knowledge and belief. We are/have been duly authorised by the organisation to submit this application.

Printed Name 1	
Signed Name 1	
Position in Organisation	
Printed Name 2	
Signed Name 2	
Position in Organisation	
Date	