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# COMMUNITY FOOD HUB APPLICATION

## Club Information

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| --- | --- | --- | --- | --- | --- |
| Club Name: |  |  |  | Contact |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City/town  | County | Postcode  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CSO Contact: |  | Funding Requested: |   | Match Funding: |  |

|  |  |
| --- | --- |
| Project Name: |  |

## Governance? Does your club have the following documents?­­­­­­­­­­­­­ Please attach to the application

A Child Protection and Safeguarding Policy? Yes

Public Liability Insurance? Yes

A set of verified annual accounts? Yes

A club bank account with 2 unrelated signatories? Yes

A vulnerable adults policy? Yes (see safeguarding policy)

EB registered and Qualified Staff? Yes

|  |  |
| --- | --- |
| What is your target group for this project? |  |

## In your own words describe your project? (100 words max)

## Breakdown of costings

## What difference will your project make to your community? (100 words max)

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that as part of any successful funding I will provide a case study for the Maverick Stars Trust that may be displayed on a website and promoted on Social Media.

If this application leads to funding, I understand that false or misleading information in my application may result in funding being withdrawn.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |   |