



CEF 7

Community Empowerment Fund (CEF) - Application Form

Applicant Information

Please tell us who this application is for. <i>(Please tick relevant box)</i>	Individual	
	Voluntary Group/Club	
	Social Community Organisation	
	Registered Charity	
	Other (please specify)	
Name of Applicant/Group/Project		
Address		
Postcode		
Email address		
Telephone number		



Local Solutions

Building 2000, Enterprise Way, Vortex Court, Liverpool L13 1FB

Tel: 0151 709 0990

localsolutions.org.uk

Registered Charity Number: 515060 | Company Number: 1792921





Details of individual completing the application form (if different from above)

First Name	
Surname	
Address	
Postcode	
Email address	
Telephone number	

About the Project

In a couple of sentences, please describe what the funding will support	
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Area of project delivery

Please tell us which community the project will support.	
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Community Benefits

<p>Please tell us how your idea/project/activity will help your local community</p>	
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Safeguarding Measures

<p>If you are working with vulnerable people or children, please tell us about the measures you have in place to keep them safe</p>		
<p>Do you need additional Safeguarding support from Local Solutions to help you with your idea/project/activity? <i>(Please tick as appropriate)</i></p>	<p>Yes</p>	<p>No</p>
<p>If yes, please tell us more about the type of support you would require with your idea/project/activity.</p>		



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Additional Support

Do you need other additional support from Local Solutions to help you with your idea/project/activity?	Yes	No
If yes, please tell us more about the type of support you would require.		

Costs

How much is the total cost of your idea/project/activity?	
How much are you requesting from the Community Empowerment Fund (CEF)?	
What will you spend the grant on?	

Signature of applicant / date application completed. *(Please also print name alongside signature).*

Signature	
Date	



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This section to be completed by Local Solutions' Team only.

Application Reference Number	
Project Eligibility	
Safeguarding Information received	
Details of additional Safeguarding measures required	
Details of additional Support required	
Date of CEF Panel Assessment:	
Names of CEF Panel Members who assessed the application	
Signature of Panel Chair:	



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