APP - 01

**COMMUNITY FUND**

**GRANT APPLICATION FORM**

All sections of this form must be completed – Please see accompanying policy document. Please contact the Trust Office directly if your project requires more than £10k.

*Double click on the area to enter the information:*

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| **Section 1 – Contact details:** |
| Organisation: (Name as it appears on your governing document) |
| **[Organisation]**   |
|  |  |  |
| Contact name: | [First name]  | [Last name]  |
| Title: Mr/Mrs/Miss | Position: | [Enter position here] |
| Email: | [E-mail] | Telephone No. | [Tel No.]  |
| Address: | [Line 1] |
|  | [Line 2]  |
|  | [Line 3]  | Post Code: | [Postcode] |

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| **Section 2 – About your organisation:** |
| What is the main purpose of your organisation? | [Purpose]  |
| How many members does your management committee have? | [No of Members] |
| What are the main activities of your group or what services do you provide |
| [Services] |

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| **Section 3- Bank details** |
| Account name: | [Account name] |
| Account number: | [Account number] |
| Sort code: | [sort Code] |

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| **Section 4 – About the Grant** |
| What is the total cost of the project/service/equipment? | £ [Amount]  |
| How much are you requesting from IoHDT? | £ [Amount]  |
| Have you applied elsewhere for match funding for this project? | £ [Amount]  |
| Are you able to raise 20% from your own funds, fundraising activities or provide in kind contribution? |  |
| If yes please explain how you will go about this. If no please explain why not: |
| [Explanation] |

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| **Section 5 – About your project: (These are the key aspects which will be reviewed for approval of the grant).** |
| Please give a short summary about your project: |
| [Summary] |
| Please confirm that you have attached a viable business/ project plan/breakdown of costs: | [ ]  yes |
| If no, why not?  | [Explanation]  |

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| Please explain how the project will benefit to the community & which sections of the community will benefit. |
| [Community benefit] |

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| Please show how you have achieved community backing for the project: |
| [community backing] |

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| Please demonstrate how the community benefit is far greater than any personal , or company benefit that the project may bring about. |
| [Community benefit over personal benefit] |

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| --- | --- |
| Signed: |  |
| Print name: | Name |
| Date: | Click here to enter a date. |

Date recommendation made to trust:

Date recommendation accepted:

Director Name:

Signed Director…………………………………………………..

Please attach any additional Information which may support your application: