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] |

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

|  |
| --- |
| 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] |

|  |  |
| --- | --- |
| 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: