

Brislington Community Partnership application form

Title of project you are applying for funding for?

Organisation Contact details

Name of the organisation

Address of the organisation

<input type="text"/>	Postcode
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Main contact for this application

Title

First name

Surname

Position held in the organisation

Contact address (if different from above address)

<input type="text"/>	Postcode
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Daytime phone number

Email address

What are the main activities of your organisation?

Your application

Please tell us what you need funding for?

Please tell us how this application fits the criteria for the Fund (please refer to the fund guidelines)

Who will benefit and how they will benefit?

When will the project start?

mm / yy

When will the project finish?

mm / yy

How much are you applying for in total?

Please give a breakdown of the total cost of this piece of work or equipment. In the breakdown column please give details of the costs.

Type of cost	Total Amount	Breakdown
Total	£	

Please indicate by ticking the boxes, which match your application to the priorities of the BCP.

Priority	Environment	Employment	Older people	Younger people	Planning	Health	Education	Leisure	Crime and Safety	Traffic and Transport

Beneficiaries

How many people will benefit if a grant is awarded? Please be as accurate as possible.

Financial information

Does your group have its own bank account? Yes No

If yes, what name is your bank account in?

If no, is there an organisation that will receive a grant on your behalf? Please give details

How many signatures do you need to authorise a cheque on this bank account?
 (There must be at least two)

How did you hear about this fund?

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Please support the partnership by becoming a member. Your decision will not affect your funding application.

Yes No

Declaration

By submitting this application you are confirming the following:

- That the information in this application is correct
- The details of this application have been brought to the attention of the Management Committee
- That you have the consent of the Management Committee to submit this application

Your signature:	Print name:	Date:
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The following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

Signature:	Print name:	Date:
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Checklist

We cannot process your application unless you have:

- Read and understood the guidelines

- Answered every question
- Signed the form (two signatures)

- Enclosed a copy of your constitution or set of rules

- Enclosed a list of names and addresses of your management committee / group members

- Enclosed a copy of your child protection policy (if appropriate)

Return your application form by sending to c/o Lorna Heaysman, 6 York , Wilder Street, St Pauls, BS2 8QH

Or by email lorna.heaysman@bristol.gov.uk