

Administration Grant Application Form

Please return this form enclosing the following:

1. This form fully completed
2. A copy of your most recent accounts
3. A copy of your constitution

Name of your group			
Name & address of Secretary			
Post code			
Telephone number			
Name & address of Treasurer			
Post code			
Telephone number			
Name & address of Chairperson			
Telephone number			
When was your last AGM?			
How often do you hold:	1. Public meetings?		
	2. Committee meetings?		
Have you met with your Neighbourhood Housing Manager / Neighbourhood Housing Officer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many Committee Members do you have?			
Can you tell us how many Committee Members are:	1. RCH tenants?		
	2. Others?		
What are your group's main activities (e.g. housing issues, social activities, etc.)			

Please provide us with the following information	
Account number	
Sort code	
Name of Bank	

Declaration	
We declare the above information to be correct at the time of application:	
Signature (Chair or Secretary)	
Date	
Signature (Treasurer)	
Date	

Please note that to qualify for a grant where a group represents River Clyde Homes tenants, tenants from other housing associations and owner occupiers, the group must draw at least half its membership from River Clyde Homes' tenants and at least half of the committee must be River Clyde Homes tenants.

Please return the completed form to:	
River Clyde Homes, 2 Scarlow Street, Port Glasgow, PA14 5EY. Tel: 01475 714976	

Office Use Only
GRANT APPLICATION

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|---|-----------------------------------|
| 1. Form Completed? YES /NO | 6. Application processed YES / NO |
| 2. Grant Aid Agreement Completed? YES / NO | 7. Database updated YES /NO |
| 3. Supporting Information Provided? YES /NO | 8. Actioning Officer: |
| 4. If NO, Form returned to group? YES /NO | 9. Cost Code |
| 5. If returned, on what date / / | |