



Project Grant **APPLICATION FORM**

1. What is the full name of your organisation as shown on your constitution?

2. Please give Name, Address and contact details for your organisation.

Name:

Address:

Tel. Number:

Email:

3. Please attach a copy of your constitution or input your charity number if applicable.

4. When was your organisation set up?

Date:

Month:

Year:

5. What is your project called?

6. What does your project involve?

Please give a brief description i.e. what your group will do, how they will do it, when and where it will take place and start date. *(Your project must be completed within 12 months of receiving the grant payment).*

7. How was this project decided upon?

8. What benefit/ difference will the project bring to your community?

9. How does your project fit into one or more of the following RCH qualifying themes?

- Employment, Education, Skills and Training
- Health and Wellbeing
- Financial Inclusion
- Environment
- Social Inclusion and Community Safety

E.g. Health and Wellbeing could be Yoga or an Exercise Class

10. How much will your project cost in total and how much would you like to make your bid to River Clyde Homes for? (Up to £1000max)

11. Please give a breakdown of all elements of your project budget and not just what you require from RCH.

Project Items	Total Cost (£)
TOTALS	

12. Please confirm that you have checked whether or not your project requires licences, planning permissions, building warrants, insurances or any other permissions.

Yes – we have checked and all permissions etc. are in place

Yes – we have checked and no permissions are required

No – we have not checked

13. Have you received or applied for funding from any other grant providers/partners? If so please give details?

14. In the event that your bid is successful, in order for us to make payment of the grant, please provide us with the following information:

Account Name:

Sort Code:

Account Number:

Name of Bank and Address of Branch:

Declaration

I understand the following:

You will use the information I have provided to process my application for project grant funding and it will not be shared with any third parties. I understand, however, that details of the project applied for may be shared with other similar groups / involved customers to allow them to assess whether the grant should be awarded. If awarded, RCH will also use the details of the project for publicity purposes.

I confirm I have been given authority to complete and return this application form on behalf of the Organisation. This application form has been agreed and approved by the Committee.

The information given in this application is accurate and true. I understand that if I make misleading statements or withhold information at any point, my application will be invalid and the Organisation will be liable to repay any money they have received.

If you wish to withdraw consent for any personal information given on this form being processed for the above purposes, please contact Anne Ross on 01475 788851.

Signed:

Print Name:

Position:

Date: