  **BIG LOCAL COMMUNITY SMALL GRANTS SCHEME**

**APPLICATION FORM**

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| **1)** | **Name of your group or organisation**  *Please tell us the group or organisation name as it appears on your governing document, this is likely to be a constitution. This name must match your bank statement and accounts.* |
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| **2)** | **Name of your project**  *Chose a short title that best describes your activities for this project.* |
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| **3)** | **Tell us about your project**  *Please give a brief description of your project that you want us to fund and be specific about what the funding will pay for and who will benefit from the project.* |
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| **4)** | **What evidence is there that shows this project is needed?** |
| **5)** | **Please tell us a little about your organisation**  *Tell us what your organisation does and who it involves. Tell us about your members, who they are and where they come from.* |
| **6)** | **Project costs and grant needed**  *Please fill in this table giving the total cost of each item and how much funding you need from us.*   |  |  |  |  | | --- | --- | --- | --- | | **Item** | **Cost** | **Other funding** | **Big Local contribution** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total £** |  |  |  | |

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| **7)** | **Contact details**  *Please give the contact details of two people we can contact if we have any queries about this application.*  **Main Contact**  **Name:**  **Address:**  **Post code:**  **Telephone:**  **Email:**  **Second Contact**  **Name:**  **Address:**  **Post code:**  **Telephone:**  **Email:** |

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| **Authorisation**   * **I understand that any award given must be spent as itemised within this application. Any changes must first be approved by the Big Local Partnership Board.** * **I understand that my organisation must provide receipts and any monitoring information required by Goldthorpe and Bolton on Dearne Big Local.**   **Signed: Date:**  **Name: (please print)**  **On behalf of: (name of organisation)** |

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| **8)** | **Bank Details**  *We pay successful applicants using an electronic transfer, which means the money goes direct to your organisations bank account. Please attach your most recent bank statement or photocopy of a passbook with this application.*  **Name of Account:**  **Account sort code:**  **Account number:**  **Name, address and post code of bank:** |
| **9)** | **Signatories**  *To be eligible for your grant your account must require at least three signatories for the release of funds. Please list everyone who is authorised to sign cheques drawn from this account.*  **Name:**  **Position in organisation**  **Name:**  **Position in organisation**  **Name:**  **Position in organisation** |

**Please return your completed form to:** [**Goldthorpe.bolton@cpruk.net**](mailto:Goldthorpe.bolton@cpruk.net)

**Or telephone 07879 739043 to arrange collection**

**Remember to include the following:**

* **A signed copy of your organisations constitution or governing document**
* **Most recent bank statement (or income and expenditure statements for organisations less than twelve months old)**
* **An original bank statement (or photocopy of building society pass book)**