

Great Shelford Parochial Charities

Application Form

FINANCIAL ASSISTANCE FOR A LOCAL ORGANISATION OR GOOD CAUSE

Organisation name

Contact name

Telephone

Email

Organisation address

Type of organisation Voluntary Private Public Other

Management of organisation (please attach a copy of your constitution or similar)

Project name

Project summary (include relevance to Great Shelford)

Project beneficiaries (must be Great Shelford based) Low income Children

Young people Elderly Disabilities Special needs Mental health

Other - please specify

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Describe the project

Importance of the project. How will Great Shelford residents benefit from it?

How will the project be monitored and evaluated?

What is the full cost of the project? How has this been determined?

What funding is already in place and from whom?

What contribution are you seeking from our Charity?

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Where else are you looking for funding from?

Have you received funding from our Charity in the past? Please provide details.

I confirm that

The information given is a true reflection of our project

Money received from the Charity will be spent only on the project as specified above

The money will be spent within 12 months of receipt (unless otherwise agreed with the Charity) and unspent money will be returned within 14 months of receipt

Publicity associated with the project will mention the Charity as a donor

You grant the Charity permission to cite the project in its own publicity material (though photographs will only be used with your permission)

Signed

Print name

Position

Date