



# HORSHADER COMMUNITY DEVELOPMENT TRUST COMMUNITY FUND

(Please use capitals and black ink)

## FULL APPLICATION FORM

Name of Organisation	
Name of Project	
HCD Ref	

## MAIN CONTACT APPLICATION DETAILS

Title:		Forename:	
Surname:			
Address:		Home Phone number:	
Postcode:		Mobile number:	
E-mail address:			

## SECOND PERSON CONTACT DETAILS

Title:		Forename:	
Surname:			
Address:		Home Phone number:	
Postcode:		Mobile number:	
E-mail address:			

## Please tell us about your organisation ...



# HORSHADER COMMUNITY DEVELOPMENT TRUST

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Organisation details			
Date group formed? dd/mm/yyyy	...../...../.....		
Is your group constituted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a registered charity?	YES <input type="checkbox"/>	NO <input type="checkbox"/> (supply charity number.....)	
How many members does your management committee/group have?			
How many full time/part time staff do you employ?	Full time <input type="checkbox"/>	Part-time <input type="checkbox"/>	
How many volunteers do you have?			
Please provide your bank details below:			
Bank Name:			
Bank Address:			
Account Name:			
Account Number:		Sort Code:	
Financial details of your organisation			
<i>(please supply a copy of your annual accounts and most recent bank statements)</i>			
What is the organisation's annual income?	£		
What was your surplus or deficit last accounting year?	£		
Is your organisation VAT registered?			
Funding the Project			
What is the expected cost of your project?	£		
Amount being requested from HCD?	£		
What is your own contribution?	£		
Have you applied for funding from other sources? (if yes please provide details listing all potential match funders)			



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Tick applicable categories	√	Explain how your application applies to this category
The development of the community, through rural <u>regeneration</u> projects which meets the needs of the present without compromising the ability of future generations to meet their own needs.		
The provision of assistance to people who are <u>disadvantaged</u> by reason of age, ill health, disability, financial or other disadvantage.		
The advancement of <u>education</u> , through the support and promotion of all forms of formal and informal education, training for work and life skills and through the provision of bursaries and training grants.		
The provision of housing or affordable <u>housing</u> plots for those who are in a condition of <u>need</u> and the improvement of housing in the public sector and charitable ownership provided that we are not relieving the local authorities or other bodies of a statutory duty to provide or improve housing.		
The advancement of the <u>arts, culture and heritage</u> , including support for the <u>Gaelic arts</u> and the <u>protection of buildings and sites of architectural or historic importance</u> .		
The protection or improvement of the <u>environment</u> through maintenance, improvement or provision of environmental or public amenities for the Community, i.e. environmental and regeneration projects.		
The <u>relief of poverty</u> in such ways as may be thought fit, including supporting people who are in financial hardship, or in danger of experiencing hardship, to <u>access opportunities for employment, training and acquiring skills</u> .		
The provision, organisation or support of <u>recreational activities</u> for the community, especially for disadvantaged or vulnerable groups such as the young or the disabled.		
The advancement of the health of the community through the promotion and support of <u>rural and public health initiatives</u> and through the provision of additional health facilities.		



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## The Project

Please explain what this grant will be used for by identifying what your outcome(s) are?

Please explain who will benefit from the funding and indicate how people many will benefit?

What will happen if you do not receive the amount of grant requested?

Is there evidence of community support? Please explain what research was carried out...

Start date of the project? dd/mm/yyyy      ...../...../.....

End date of the project? dd/mm/yyyy      ...../...../.....

Declaration: I certify that the information given in this application is complete and accurate. Where the application is on behalf of a community group, I confirm that I am acting on behalf of that group with their agreement. I understand that decisions made by Horshader Community Development Trust are final.

**Main contact signature:** \_\_\_\_\_ Date(dd/mm/year): \_\_ / \_\_ / \_\_

**Name:** \_\_\_\_\_

**Second contact signature:** \_\_\_\_\_ Date(dd/mm/year): \_\_ / \_\_ / \_\_

**Name:** \_\_\_\_\_

**THANK YOU FOR YOUR APPLICATION**

For more information, contact Horshader Community Development: Tel 01851 701225 e-mail – admin@horshader.com