

Application for Community Grant Funding	Reference number:	Office Use Only
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Please read the **Funding Conditions and Guidance Notes** before completing this form. If you have any concerns please contact the Gateway Group for advice at admin@gatewayehub.org.uk

Section 1. About your Organisation

Name of your organisation	<input style="width: 100%;" type="text"/>		
Name of contact person	<input style="width: 100%;" type="text"/>		
Contact details			
Telephone No	<input style="width: 25%;" type="text"/>	Mobile No	<input style="width: 25%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Postcode	<input style="width: 100%;" type="text"/>		
Website	<input style="width: 30%;" type="text"/>	Email	<input style="width: 35%;" type="text"/>

1b. When did your group start?	<input style="width: 100%;" type="text"/>
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1c. What does your group do?

1d. How many staff or volunteers does your Organisation have?	<input style="width: 100%;" type="text"/>
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1e. How many people benefit from the activity of your group?	<input style="width: 100%;" type="text"/>
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1f. What is the legal status of your group?	<input style="width: 100%;" type="text"/>
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1g. Charity Registration number - If Applicable	<input style="width: 100%;" type="text"/>
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Section 2. Tell us about your project

2a. Please describe the project the grant will be spent on:

2b. How do you know that this project is needed?

2c. How will your project meet the culture & wellbeing priorities of the South Lakeland District Council Plan?

2d. How will you promote your project?

2e. How will you know if your project is a success?

2f. Which communities within South Lakeland will be involved or benefit from the project?

2g. Are any other partner organisations involved?

Section 3. Financial details

Please tell us the costs you would like us to fund:

Only include VAT if you cant recover it from HM Revenue and Customs

Description	Cost (£)
Total project cost	

Amount requested from Community Grant Fund

If your Project costs are more than the amount you are applying for, please tell us how the shortfall will be funded:

Section 4. Bank details

4a. Please provide details of your organisations Bank/Building Society.

If you are successful in your application, the funding will be paid by bank transfer

Name of Bank/
Building Society

Account Name

Account Number

Sort Code

Section 5. Additional information Checklist

Please send copies of the following documents with your application:

- A. Your most recent accounts or a copy of your latest bank statement
- B. Your Constitution or Organisation Rules

If you are unable to do so please explain why:

If you cannot supply some or any of the documentation requested, or you are not an established organisation, please contact us to see how we can help.

Section 6. Agreement

I have full authority on behalf of the Organisation to make this application and have read the funding conditions and guidance notes and have attached the required documents. I agree to promote the granting of funding in our publication media and agree to the release of the information I have provided according to the Freedom of Information Act 2000 and the Local Government transparency Code 2014.

Signed

Date

Name in Block Capitals

Position in Organisation

Section 7. Returning your application

Please email your completed application form with supporting papers to:
admin@gatewayhub.org.uk

Or return to:

Chair - Gateway Group - C/O Age UK South Lakeland
17 Finkle Street, Kendal, Cumbria LA9 4AB