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| **SHIPLEY AREA COMMITTEE**  **COMMUNITY CHEST FUNDING APPLICATION FORM**  ***(Please read the accompanying criteria before completing this application form)*** |
| **Mission Statement:**  **“To provide grants to voluntary community groups to benefit, support and improve the lives of Shipley residents”** |
| **Name of Organisation:** |
| **Ward in which people will benefit from your project:** |
| **Secretary or Contact to whom all correspondence should be sent:**  Name:  Address:  Post Code:  Tel:      Email Address:  Address where the group meets:(if different from above) |
| **Amount Requested: £**       **(max £500) Total Cost of Project: £** |
| Details of bank account for BACS payment: Account Name:  Name and address of bank:    Account number:  Sort Code:  Roll no (if building society account) |

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| **Description of event/project and items to be purchased from the funding requested:** |
| **Date(s) and venue(s) of event(s) (where applicable) – enclosing programme if available** |
| **Detailed breakdown of costs of the event/project and items to be purchased: (where possible, please supply at least two quotes for each item)** |
| **Detailed estimated income (including other grants, admission charges, fund-raising, subscriptions etc) for the event/project (where applicable):** |
| **How many people from the Shipley Constituency do you expect to attend or benefit from the items purchased/event/project?** |
| **What grants have been obtained in the last three years (eg Parish Council, Sports Council, Arts Council, Urban Aid, Local Authority etc) including previous Community Chest grants?** |
| **Have you applied to other funding bodies, including other Area Committees regarding this current application? (If yes, please specify).** |
| **Please attach the following information, if applicable: *Please tick***  1 Constitution  2 Your organisation’s most recent accounts  3 Where possible, two quotations per item  4 Any other relevant information to support your application  5 If applying for activities for children or vulnerable adults, please enclose your organisation’s child/vulnerable adults safeguarding policy  6 If applying for activities for children or vulnerable adults, please provide enhanced CRB/DBS ID number(s) and expiry date(s) as evidence that checks have been  Completed.  If any attachments are missing please give reasons: |
| **Please sign and date to confirm you have read and agree with the criteria**  Signature of Applicant:  Date: |

Applications should only be made on this form, which should be returned to:

**Rachel Johnson**

**Shipley Area Co-ordinator’s Office**

**Shipley Town Hall, Kirkgate**

**Shipley BD18 3EJ**

**Tel: 01274 431005**

**Email:** [**rachel.johnson@bradford.gov.uk**](mailto:rachel.johnson@bradford.gov.uk)