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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 Constitution2 Your organisation’s most recent accounts 3 Where possible, two quotations per item4 Any other relevant information to support your application5 If applying for activities for children or vulnerable adults, please enclose your organisation’s child/vulnerable adults safeguarding policy6 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**