

Sober Hill Wind Farm Community Fund

APPLICATION FORM

Please refer to the Information and Guidance sheet when completing this form.

Q1 Contact Details.

Name of group or organisation			
Main contact for this application			
Position held			
Contact Address			
Telephone Number(s)	Day		Evening
	Mobile		E- Mail

Q2 Please tell us about your group/organisation

Type of organisation <i>Attach a copy of your set of rules or constitution</i>	
Affiliations to other bodies	
Registrations <i>Charity Number, VAT Number, etc (where applicable)</i>	
Date formed	

Q3 What does your organisation do?

Q4. Project information. (What do you want the money for?)

Title:	
Describe the project and how it fits within your organisation	
Is this a new project?	
Project Start date	Project completion date.
How will the project continue beyond the grant? (If applicable)	

Q5 PROJECT COSTS. How much do you need and what will you spend it on?

Advice Note: List all items for the project not just those for which you are seeking funding and provide three quotes for all items over £500)

Item	Amount
<i>Advice Note: This total should equal the total of Q6 and Q7</i>	TOTAL

Q6 PROJECT INCOME Please tell us about any money you have raised so far and about any other grants that you may have applied for. *Please attach evidence*

Funding provider	Item	Amount	Date applied/approved
<i>Advice Note: This should equal total of Q5 less the amount requested in Q7</i>	Total		

Q7 How much money are you requesting from the Sober Hill Community Fund ?

Advice Note: This should equal the total of Q5 less the total of Q6

Total Amount

Q8 How will the project benefit the community?

Q9 Who will benefit from the project? E.g. community, environment

Q10 How do you know people require this project ?

Advice Note: State here how the project links to the Community Led Parish Plan

Q11 Where will the Project take place?

Q12 Policies. *Confirm if your organisation complies with the following*

	YES	NO	COMMENT
Equal Opportunities			
Data Protection			
Health Safety & Welfare at work			
Crime prevention (if applicable to your project)			
Child Protection (if applicable to your project)			
Public Liability Insurance			

Q13 Signature and Declaration of main contact.

I confirm that to the best of my knowledge and belief, all the information is true and correct. I understand that you may ask for additional information at any stage of the application process and that all necessary permission for the project has been obtained. I undertake to ensure that any grant awarded will be used for the sole purpose of the project stated and that if the project does not proceed as specified, all monies received from this fund will be repaid in full.

Name (Block Capitals)		Position in organisation	
Signed		Date	

Q14. Signature and Declaration of Referee

I confirm that I know this group and its work. I have read this application and support this request for funding and I am suitably qualified to act as a referee for this project. I am willing to be contacted to discuss this application further.

Name of Referee _____

Contact Address _____

Name (Block Capitals)		Position	
Signature		Date	

Q15 . Finally, if there is anything else you would like to tell us about your application please use the box below and/or add additional pages

Please send the completed application form along with any supporting material to:

**Suzanne Smith
Clerk to the Council
Newbald Parish Council
Sandalgrove, Townside Road
North Newbald
YO43 4SL
Telephone 01430-828919
Email: clerk@newbald.co.uk**

IT IS RECOMMENDED THAT YOU KEEP COPIES OF EVERYTHING YOU SEND

Please use this box to supply any additional information to support your application (if appropriate)