City of Bradford Metropolitan District Council

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Reference Number:
CC/ /10

BRADFORD EAST AREA CO-ORDINATOR'S OFFICE

COMMUNITY CHEST GRANT

APPLICATION FORM

1. NAME OF ORGANISATION .....

1a). Ward in which Organisation falls (tick the one that applies)

Bolton & Undercliffe		Eccleshill	
Bowling & Barkerend		Idle & Thackley	
Bradford Moor		Little Horton	

2. Secretary or Contact to whom all correspondence should be sent:
Name:
Address:
Post code
Tel:
Local Base (if different from above):

3. Amount Requested: Total Cost of Project:

4. Details of account that any cheque should be made payable (ie name, address, account number, sort code etc.)

5. Description of Event/Project for which assistance is requested
……
……
……

Please complete and return to: Bradford East Area Co-ordinator's Office,
4TH Floor, Jacobs Well, Bradford BD1 5RW

6. Date(s) and venue(s) of event(s) – enclosing programme if available

Date of event is _____Time of event _____Venue _____

7. Detailed estimated expenditure:

	£
Total £	

Detailed estimated income (include other grants, admission charges, fund-raising, subscriptions etc)

	£
Total £	

8. How many people do you expect to attend or benefit from the activities?

9. What grants have been obtained in last three years (eg. Sports Council, Arts Council, Urban Aid, Local Authority, Yorkshire Arts etc). Please supply name of grant obtained and year it was awarded …….
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…….
……..

10. Have you applied to other funding bodies, including other Area Co-ordinators Offices regarding this current application? (If yes, please specify)……

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Is your group new to accessing funding? **YES / NO** (delete as appropriate)
Does your group require any additional support? **YES / NO** (delete as appropriate)
Are you interested in attending a Funding Support Day? **YES / NO** (delete as appropriate)

What Funding information or training would be of most benefit to your group?

Constitution		Working in Partnership		Budgets	
Fund Raising Strategy		Monitoring & Evaluation			

11. Please attach the following information in support of your grant application (tick if attached)

Your Organisations Constitution/or rules	
Latest audited accounts or bank statements	
Two quotations from independent suppliers, for expenditure listed in 7 above	
Names and postcodes of users/volunteers involved	

12. Signature of Applicant: **Date:**