



## 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)

**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:  
*tick***

***Please***

- |   |  |                          |
|---|--|--------------------------|
| 1 | Constitution   | <input type="checkbox"/> |
| 2 | Your organisation's most recent accounts   | <input type="checkbox"/> |
| 3 | Where possible, two quotations per item  | <input type="checkbox"/> |
| 4 | Any other relevant information to support your application   | <input type="checkbox"/> |
| 5 | If applying for activities for children or vulnerable adults, please enclose your organisation's child/vulnerable adults safeguarding policy                               | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

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)**