



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