

NEIGHBOURHOOD
PARTNERSHIP



FUNDING APPLICATION FORM

Awards of up to £5,000

Your Organisation

**Ref no.
(Office Use Only)**

Organisation name:

Principal contact name & position:

Address and Post Code:

Telephone number:

Fax number:

Email address:

Website address:

Please give us a brief description of your organisation's main aims and activities.

Your Application

Are you currently funded by the Council? Y/N

Which of the following are you applying for?

Project Funding

Annual Funding

Three year in principle funding

How will you use this grant? (If you need more space, please continue on another sheet.)

Other:			
Reserves			
Grand Total:			

What bank account will you pay your grant into if your application is successful?

Name of bank	
Bank address	
Account name	
Bank sort code	
Account number	

How did you find out about this fund?

Please make sure that the following documents have been included with this application:	
Constitution or Memorandum and Articles of Association, Trust Deeds of your particular organisation	
Most recent annual (audited) accounts. Where your organisation is newly constituted, a most recent bank statement will suffice.	
Quotations (for equipment / machinery)	
List of those consulted on your proposal	

DECLARATION

All applications must be signed by **two people** who are recognised as representatives of your organisation. One of these people **must** be a board/management committee member.

You are being asked to **declare** that;

- You have read and will comply with all City Of Edinburgh Council funding conditions;
- To the best of your knowledge, that the information contained in this application and any accompanying attachments is accurate.

Signature.....

Position.....

Name.....

Please return this form to:

Date.....

LOCAL NEIGHBOURHOOD
PARTNERSHIP OFFICE

Position.....

Signature.....

NB. You may return this form electronically however a paper copy with original signatures must also be submitted.

Name.....

Date.....