

**Application form**

**Project Name:**

**Start Date: End Date:**

**Delivery Organisation:**

**Status – Charity, Company etc.:**

**Project Manager:**

**Address:**

**Telephone Number: Email:**

**Total Project Cost: Grant Requested:**

|  |  |  |
| --- | --- | --- |
| **Match Funding** | | |
| Organisation | Amount | Confirmed? |
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|  |  |  |
|  |  |  |
| Match Funding Total |  |  |

**Proposed Project Description** (what will be provided, by whom, to whom, and where?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Target Beneficiaries and Outputs (please refer to outputs schedule for appropriate codes) | | | | |
| Age Group | **Male** | **Female** | **Output Description** | Code |
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*continued…*

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| **Itemised breakdown of costs** | **Amount** |
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| **Total** |  |

**Please tell us about your experience in providing these activities**

**What are your plans for the future sustainability of this project?**

**General Conditions**

* Applications can only accepted for services that will benefit the residents of Bow West or Bow East Wards.
* Grants are only payable after the projects outputs have been delivered.
* Payments cannot be made to individuals.
* Reports will be required on the outputs delivered and expenditure made, and for the Trust’s annual report.
* Projects will be subject to monitoring visits by a representative of Action for Bow.

**For Office Use**

|  |
| --- |
| Previous Support: |
| Appraisal Panel Comments: |
| Funding Recommendation: |