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| **FOR OFFICE USE ONLY. File Ref: Date of Receipt:** |



**Craigmyle Community SCIO**

**Application for financial support for groups and organisations**

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| Organisation Name: |

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| What is the main objective of your group or organisation? Tell us what it does and why. |

**Contact details:**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Contact address: | |
|  | |
| Area: | Postcode: |
|  Telephone (daytime): | |
|  Email (if you have one): | |

**Activity:**

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| Brief description of proposed project, describing what you want to achieve (Please be specific about how the money will be used): |

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| When are you planning for your project or activity to take place (please give a start date and end date) |

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| Where will your project take place? |

**Support:**

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| How much is your project going to cost?  Your contribution: £  Other grants received: £  Request from Craigmyle Community SCIO: £  **Total: £** |

**Benefit:**

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| Please outline how the participants of your project have been involved in the planning**:** |

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| How many disabled people will directly benefit from your project? |

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| How will you measure the success of your project? |

**Eligibility Checklist:**

This checklist will allow us to quickly confirm that your project meets the first eligibility check we carry out on receipt of your application.

Please tick (✓) all that apply:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Will your project benefit people with a learning disability? |  |  |
| Will your project benefit people with a physical or sensory impairment? |  |  |
| Will your project benefit people with mental health problems? |  |  |
| Are you prepared to feedback on the use of any award given |  |  |
| Have you signed and dated the application form |  |  |

Awards to successful applicants will be made by bank transfer. Bank account details will be requested to enable the transfer.

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| --- |
| NAME (please print): |

**Signature:**

The above information is correct to the best of my knowledge:

|  |  |
| --- | --- |
| Signature: | Date |
| NAME (please print): |  |

You must attach a statement of support to your application from someone who knows your group or organisation. Please return your completed form to:

**Iain Fraser, 44 East Park Road, Kintore, Aberdeenshire AB51 0FE**

**Email:** [**iainkfraser@btinternet.com**](mailto:iainkfraser@btinternet.com)