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



**Craigmyle Community SCIO**

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

|  |
| --- |
| Organisation Name:  |

|  |
| --- |
| 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:**

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

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

|  |
| --- |
| Where will your project take place?  |

**Support:**

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

**Benefit:**

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

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

|  |
| --- |
| 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.

|  |
| --- |
| 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**