



Neighbourhood Partnership Community Grants Fund (CGF)
FUNDING APPLICATION FORM
Awards of up to £2,000

Ref no. (Office Use Only) _____

Your Organisation

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 (max 500 words)	

Your project

CGF is predominantly for small, new, one off projects that directly benefit the Neighbourhood Partnership area and help progress one or more of that NPs local priorities (can be found on http://www.edinburghnp.org.uk/about-nps/neighbourhood-partnerships-(nps)-community-planning/local-community-plans/)
Please describe this new project, showing what activities will take place, who will benefit and how it would meet our local priorities (max 100 words)

Where will your proposal be based?
Projects can be funded up to six months. If your project is time limited, please state dates and reasons why:
How many people from this NP will benefit from your proposal? If there will also be a benefit to other areas, please also state here:
How will your proposal meet the needs of equalities groups?
Are any other organisations involved in your proposal – if so, which?
Have you consulted anyone in relation to your proposal – if so, who?
Have you obtained any consents, permissions or insurance necessary to carry out your proposal? (We may ask you to provide evidence of this.) Yes / No / Not necessary
How did you find out about this fund?

Bank Account

Please state the name of the bank account this grant would be paid into if successful. This should be the same as the applicant name.	
Name of bank	
Bank address	
Account name	
Bank sort code	
Account number	

Project Financial Information

Project costs - Please list each item of expenditure for this project, showing how calculated, and please enclose estimates or other evidence of costs, including in kind:	
Total expenditure	£
Project income - If you have any match funding or in kind funding for this project, or if income from charges is anticipated, please list these here:	
Total income	£
Amount requested from this fund: £	

Please enclose the following documents have been included with this application:	Please tick
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 are accurate.

Signature.....

Signature.....

Name.....

Name.....

Date.....

Date.....

Position.....

Position.....

Please return the completed form to: Scott Neill, Lifelong Learning Service Manager, East Neighbourhood Centre, 101 Niddrie Mains Road, Edinburgh EH16 4DS.