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| **FOR INTERNAL USE ONLY** | |
| Received |  |
| Sent to approved panel |  |
| Date considered |  |
| Amount Awarded |  |



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| GRANT APPLICATION FORM | | | | | | |
|  | | | | | | |
| This application is being made on behalf of: | | | | | | |
| What type of organisation are you?  Voluntary or community organisation  School  Health body  Parish or town council  Other | | | | | | |
| Name of organisation director: | | |  | | | |
| Address:  (Including contact name) | | | **Surname**  **Forename**  **Address (line 1)**  **Address (line 2)**  **Town**  **County**  **Postcode** | |  | |
| Telephone number: | | |  | | | |
| Mobile number: | | |  | | | |
| Company email: | | |  | | | |
| Website: | | |  | | | |
|  | | | | | | |
| Charity number:  (If applicable) | | |  | | | |
| Company number:  (If applicable) | | |  | | | |
| When was your organisation set up? | | |  | | | |
| VAT Registered?  If yes, please provide your VAT registration number. | | |  | | | |
|  | | | | | | |
| a. | Private trading company | i. | | Are you a private trading company? | |  |
|  |  | ii. | | If yes, how many partners/directors do you have? | |  |
|  |  | iii. | | How many people do you employ? | |  |
|  | | | | | | |
| b. | Community group | i. | | Are you a community group? | |  |
|  |  | ii. | | If yes, are you a part of a national organisation? | |  |
|  |  | iii. | | Do you keep accounts that are audited? | |  |
|  | | | | | | |
| c. | Registered charity | i. | | Are you a registered charity? | |  |
|  |  | ii. | | If yes, what is your registered charity number? | |  |
|  | | | | | | |
| d. | Private individual | i. | | Are you a private individual? | |  |
|  |  | ii. | | If yes, how long have you lived at your present address? | |  |
|  |  | iii. | | If less than 3 years, what was your previous address?  **Surname**  **Forename**  **Address (line 1)**  **Address (line 2)**  **Town**  **County**  **Postcode** | | Previous Address: |

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| Part II | |
| Details of application, including project name, and reasons for applying:  **Applicants should ideally be from organisations/individuals based in Edinburgh or whereby they will benefit the community of Leith.** | |
|  | |
| What project or activities do you want us to fund?  **Please answer in no more than 300 words.** | |
|  | |
| Please state how and why this financial support will help. What is your financial situation now?  **Please answer in no more than 50 words.** | |
|  | |
| Please give any other supporting information that should be brought to the attention of the trustee’s?  **Please answer in no more than 50 words.** | |
|  | |
| What do you see as a realistic amount £       and why?  **Please answer in no more than 50 words.** | |
| When will your project take place? |  |
| Have you applied for a grant from another organisation?  If yes, where? |  |

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| Part III | |
| Please give the name of a referee who can support this application | |
| Name: |  |
| Address: |  |
| Telephone number: |  |
| Email: |  |

I certify the aforementioned information is correct.

Signed:

Date: