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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.** |
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| 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: