

Application form: Neighbourhood Learning in Deprived Communities Capital Fund



Bristol • Bath & North East Somerset • North Somerset • South Gloucestershire

Contact details

Name of the organisation

Address of the organisation

<input type="text"/>	Postcode
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Main contact for this application

Title

First name

Surname

Position held in the organisation

Contact address (if different from above address)

<input type="text"/>	Postcode
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Daytime phone number

Email address

Organisation details

Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

If no, does your organisation have a set of rules/constitution?

Yes

No

When did your organisation start?

What are the main activities of your organisation?

What learning activities did you provide for adults in the last year?

Your application

How much are you applying for?

£

Where will your project take place?

Bristol Bath & North East Somerset North Somerset South Gloucestershire

Please tell us what you need funding for, who will benefit and how they will benefit?

Please tell us how frequently you intend to use this equipment

Please tell us how this application fits the criteria for the Fund (please refer to the Fund Guidelines sheet).

When will the project start?

mm / yy

When will the project finish?

mm / yy

How many people will benefit if a grant is agreed?

Please give a breakdown of the **total** cost of this piece of work or equipment. Please tick the item(s) you would like this application to support

Item	Cost	Income amount and source	Tick
Total	£		

If the total cost is bigger than the amount requested how will you meet the shortfall? Please give details of any other applications you have made and whether any funding has been approved.

Financial information

Does your group have its own bank account? Yes No

If yes, please give the name of the account

If no, is there an organisation that will receive a grant on your behalf? Please give details

How many signatures do you need to authorise a cheque on this bank account? (There must be at least two)

Quartet's monthly enews features information about new grant sources and upcoming deadlines. If you would NOT like to receive it tick here

How did you hear about this fund?

Word of mouth Quartet website Quartet enews Quartet newsletter

Press/TV/Radio CVS Event/meeting Other

Declaration

By submitting this application you are confirming the following:

- That the information in this application is correct
- The details of this application have been brought to the attention of the Management Committee
- That you have the consent of the Management Committee to submit this application

Your signature:	Print name:	Date:
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The following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

Signature:	Print name:	Date:
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Checklist

We cannot process your application unless you have:

- Read and understood the guidelines
- Answered every question
- Signed the form (two signatures)
- Enclosed your most recent accounts or financial information
- Enclosed a copy of your constitution or set of rules (if you have not already sent a copy)
- Enclosed a list of names and addresses of your management committee

Please return to the local office on the guidelines.

Registered Charity Number 1080418