**Community Fund Application Form**

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| **YOUR ORGANISATION** |
| **1** | **Organisation Name** |  |
| **2.** | **Main contact name and address, phone and email for this application** |  |
| **3.** | **Organisation registered address, phone and email (if different from above)** |  |
| **4.** | **Does your organisation have a website? If so, what is it?** |  |
| **5.** | **Is your group a Charity or Non-profit making organisation? (If you are a charity, company or CIC please provide registration numbers)** |  |
| **6.** | **Do you have your own bank account which requires two unrelated people to authorise cheques?** |  |
| **7.** | **What was the income, expenditure and reserve of your organisation last year?** |  |
| **8.** | **How many people are on your governing body/steering group/management committee?** |  |
| **9.** | **Are you a branch of a larger organisation? If so, what is its name?** |  |
| **10.** | **What are the main aims and activities of your organisation?** |  |

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| **APPLICATION DETAILS *(if additional space is required, please use separate sheet)*** |
| **11.** | **What is the name of your project?** |  |
| **12.** | **When will your project start and end?** |  |
| **13.** | **Who will benefit from the project and what is their need?** |  |
| **14.** | **What will your project do?** |  |
| **15.** | **How will it contribute to the aims of Humber Aid and what difference will your project make (to its beneficiaries, to their carers and loved ones, to the community)?** |  |
| **16.** | **When will your activities be planned and committed?** |  |
| **17.** | **How will you monitor your project?** |  |

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| **PROJECT COSTS *(if additional space is required, please use a separate sheet)*** |
| **18.** | **How much is your total project cost?** |  |
| **19.** | **How much are you requesting from Humber Aid?** |  |
| **20.** | **Please provide a breakdown of your project costs, listing: item, total cost and amount requested from Humber Aid** |  |
| **21.** | **Would you allow us to use details about your project within our marketing literature, website and social media channels?** | **Yes** [ ]  **No** [ ]  **With Internal Approval** [ ]  |

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| **HUMBER AID OFFICE USE ONLY** |
| Application Received Date: |  |
| Application Approved:  |  YES NO  |
| Amount Approved: |  |
| Approval Date: |  |
| Project Reference Number: |  |
| Approved by: |  |
| Review Dates: |  3 months 6 months9 months12 months |

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| **COMMUNITY FUND APPLICATION PROCESS** |

**Guidance**

This fund is to support the Advancement of Health or Saving of Lives for the communities in the Humber Region such as;

* Children/young people
* Elderly
* Disadvantaged
* People with disabilities
* The general public/mankind

We do this by making grants to organisations, providing buildings/facilities/open space and by providing services to the communities.

Criteria for applications;

Must reside within the Humber Region – Hull, East Riding of Yorkshire, NE Lincolnshire, North Lincolnshire

The Trustees meet monthly to consider applications.

If a donation is made, you will be required to evidence how the money has been spent.

Deadline for applications are the end of each month, to be considered at the following month’s meeting.

Decisions on applications will be issued by the end of the following month.

If you would like to apply please send your application to **info@humberaid.org**