**SPRIING GROWTH FUND APPLICATION FORM**

1. **Details of organisation:**

|  |  |  |
| --- | --- | --- |
| **Name of organisation** | **Address of organisation** | **Main contact person** |
|  |  |  |
|  |
|  |

**Charity Registration Number (if registered):**

1. **Describe, below, the item or activity for which funding is requested:**

|  |
| --- |
|  |

1. **Please provide a breakdown of the costs that you are applying for.**

|  |  |
| --- | --- |
| **Item** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

1. **If your application is successful, will you need support with your project following your award?**

|  |  |  |
| --- | --- | --- |
| **Please tick** |  |  |

**4a. If you have ticked Yes, please give details below.**

1. **Have you applied to any other bodies for funding towards these costs?**

**If so, please give details below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of funder** | **Amount applied for** | **Funding Secured? (Please tick)** | |
|  | |
| Yes | No |
| **To follow** |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Which geographical area do you expect to benefit from your project?**

**Please give details below:**

|  |
| --- |
|  |

1. **What opportunities will the project or activity provide for older / or vulnerable adults?**
2. **Please confirm that you will provide a Community Navigator from within your group who will act as a supporter for older and / or vulnerable adults?**

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Yes** |  |

1. **Please state how your project will help individuals to maintain independence.**
2. **Please state how your project will help to improve health and wellbeing for older adults?**
3. **Would you like to register your group/organisation in the Gedling Directory? Please tick.**

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. **Are you working in partnership with any other groups or organisations in delivering this project? If so, please provide details:**

**IMPORTANT NOTE: The Council cannot make grants to individuals. In order to receive a grant, you must have an account in the organisation’s name.**

**If your application is successful, payment of the grant may be made by cheque or by Bank Account Transfer (BACS). Please provide the full bank details of the organisation below:**

**Bank account name (name on the cheque book):**

**Account number:**

**Sort code:**

**Full address of payee (for cheque):**

**Thank you for your application. Please return this form by post or email to: Lorca Russell, Community Relations Team, Gedling Borough Council, Civic Centre, Arnot Hill Park, Arnold, Nottingham NG5 6LU. Email: lorca.russell@gedling.gov.uk.**

**FOR OFFICE USE ONLY: GRASS ROOTS GROWTH FUND DECISION(S)**

**The application has been considered, it has been agreed to award a grant of:**

**£ ……………**

**Towards the costs of ……………**

**Reason for the decision, tick those that apply with any additional information.**

* **Enhance and strengthen their group / project.**
* **Reduce social isolation**
* **Improve health**

**If refused, please state the reason below.**

**Signature ……………………………………………………….**