

Please use this form to complete a Community Grant Application.

The Service		
Which grant are you applying for?		
Your Details		
Full Name		
Your position in the organis	ation	
Your Contact Details	5	
E-Mail		
Telephone		
Organisation Addres	SS	
Organisation Name		
Address Line 1		
Address Line 2		
Address Line 3		
Postcode		
Organisation Contac	ct Details	
E-Mail		
Telephone		
Website		
Social media links		



If you would like to expand further, use space below.

Community Grant Application

Organisation Details	
Type of organisation	
If other, please explain	
Charity/Company Registered Number	
Your People	
How many paid staffing hours per week does your organisation employ?	
How many unpaid volunteering hours are delivered per week?	
How many trustees/members of management committee does your organisation have?	
Organisation Purpose	
Please give a brief description.	



Who this grant will help	
How many people will be directly supported by the funding you are applying for?	
Of these people, what percentage are Horsham District residents?	
Age groups	
About your project or work you wish to d	lo
Project Name	

Please give a brief description on how you wish to spend the grant

If you would like to expand further, use space below.

Why is your project/work needed?



Details of Project

Please list the outputs of your project.	
Please list the outcomes of your project.	
Project start date	
Project / work location	

Council Priorities

Please explain how the grant will help your work support at least one of the priorities

Potential Risks of Project

Please identify and potential risks to your project and how you would overcome them.



Finance Management

Total Income	
Total Expenditure	
Balance at year end (not including reserves)	
Reserves	
Please list any funding received from Horsham Distrapplications that are pending.	rict Council within the last two years or any funding
Do you have a fundraising strategy?	
Do you have a reserves policy?	



Proj	ect	Co	sts
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Please list below the expected costs of your project.

Description of Items/Service.		
Project Item		Cost
Total Project Cost	£	
How much funding are you applying for from this grant?	£	

Project Funding

Please list below other expected sources of funding for this specific project.

Funding Source.			
Funding Source		Income Amount	Funding Confirmed
Total amount of other funding	£		



Supporting documents

Please tick the documents you are uploading	

Declarations

- I declare that all the information provided is true to my knowledge.
- I consent to the information in this application being shared within the Horsham District Council Grants team.
- I consent to Horsham District Council posting about the donation to my organisation on its website and social media.
- I declare that I am authorised to apply for a grant on behalf of the applicant organisations
- I declare that my organisation has at least two unrelated signatories on our organisation accounts.

Please tick the box to confirm that you agree with all the above statements	
Application date	