

DLX Community Benefit Trust

APPLICATION FOR CAPITAL AND/OR REVENUE GRANTS (See separate guidelines for completion of form)



Section 1 – Society or organisation on whose behalf application is made.

Name of group:

Contact Person:

Position:

Tel (Day):

Email:

Tel (Evening):

Address for correspondence:

Section 2 - Summary description of Project, including estimate of number of people who will benefit (full details, if necessary, should be provided on a separate sheet).

Section 3 – Estimated total cost of Project:

(Where appropriate, copies of two/three competitive quotations, or other evidence that competitive prices have been obtained, should be provided):

Section 4 – Funding Sought:

Section 5 - Other Funding:

*Have you made application for or received financial assistance towards the cost of this project from any other source?
Please tick YES or NO.*

YES

If 'yes' give details below:-

<i>Body applied to</i>	<i>Date</i>	<i>Amount</i>	<i>Result (If approved, amount received or promised and conditions attached if any):</i>

No

If 'no' please explain why you have not applied elsewhere

Section 6 – Organisation details:

(Complete this section if applicable)

1. How many members does your organisation have?
2. What are the membership fees?
3. Is there a charge for the use of the facilities?
4. Are the facilities available to visitors?
5. Do you own or lease any premises (enclose details)?
6. If appropriate, do you have planning permission and a building warrant?
7. Please enclose a copy of your constitution. *(Only required if not submitted with a previously application to DLX)*

Section 7 – Finance:

Enclose your most recent bank statement/s for the current year.

If applicable enclose accounts for the past three years, which should include Income & Expenditure Account and Balance Sheet (accounts should be audited by a professional or similar).

Failure to disclose all assets, including investments, may disqualify

Section 8 – Previous Funding:

Give details of financial assistance received in the last three years from DLX Community Benefit Trust

Project Funded	Amount	Date

Section 9 – Documentation:

Please indicate which items are enclosed with your application

Additional supporting information	<input type="checkbox"/>	Quotations, if applicable	<input type="checkbox"/>
Bank Statements	<input type="checkbox"/>	Previous 3 years accounts	<input type="checkbox"/>
Constitution	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Declaration:

I, (print full name)

on behalf of

hereby apply for funding in the undertaking described in this application. To the best of my knowledge and belief the information given in this application is correct.

Signature: _____

Date:

Return completed forms to:

secretary@dunlaw.org