

**APPLICATION FOR A FRIENDS OF MUIR GROUP  
COMMUNITY INVESTMENT GRANT AWARD**



**SECTION 1: DETAILS OF YOUR ORGANISATION/GROUP**

**Organisation/Group/Project Name**

**Full postal address for your organisation:**

**Address**

**Post code**

**Telephone**

**Fax**

**Email**

**Title and full name of the main contact in your group**

**Title**

**First Name**

**Surname**

**Position held in your group**

**Address for correspondence, if different from above**

**Address**

**Postcode**

**Telephone**

**Fax**

**Email**

## **SECTION 2: ABOUT YOUR ORGANISATION/GROUP**

**What type of organisation are you? (Please tick one or more)**

Local voluntary group	<input type="checkbox"/>	
Local community group	<input type="checkbox"/>	
Local self-help group	<input type="checkbox"/>	
Not for profit organisation	<input type="checkbox"/>	
Other	<input type="checkbox"/>	Please specify <input type="text"/>

**When did your organisation start?**

**Does your organisation have a registered number allocated to it?**

Charity <input type="checkbox"/>	Company <input type="checkbox"/>
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**Does your group have a constitution or set of rules?**

Yes  Please state

No  Please attach a copy of these to the application

**Is your Group committed to equal opportunities?**

Yes

No

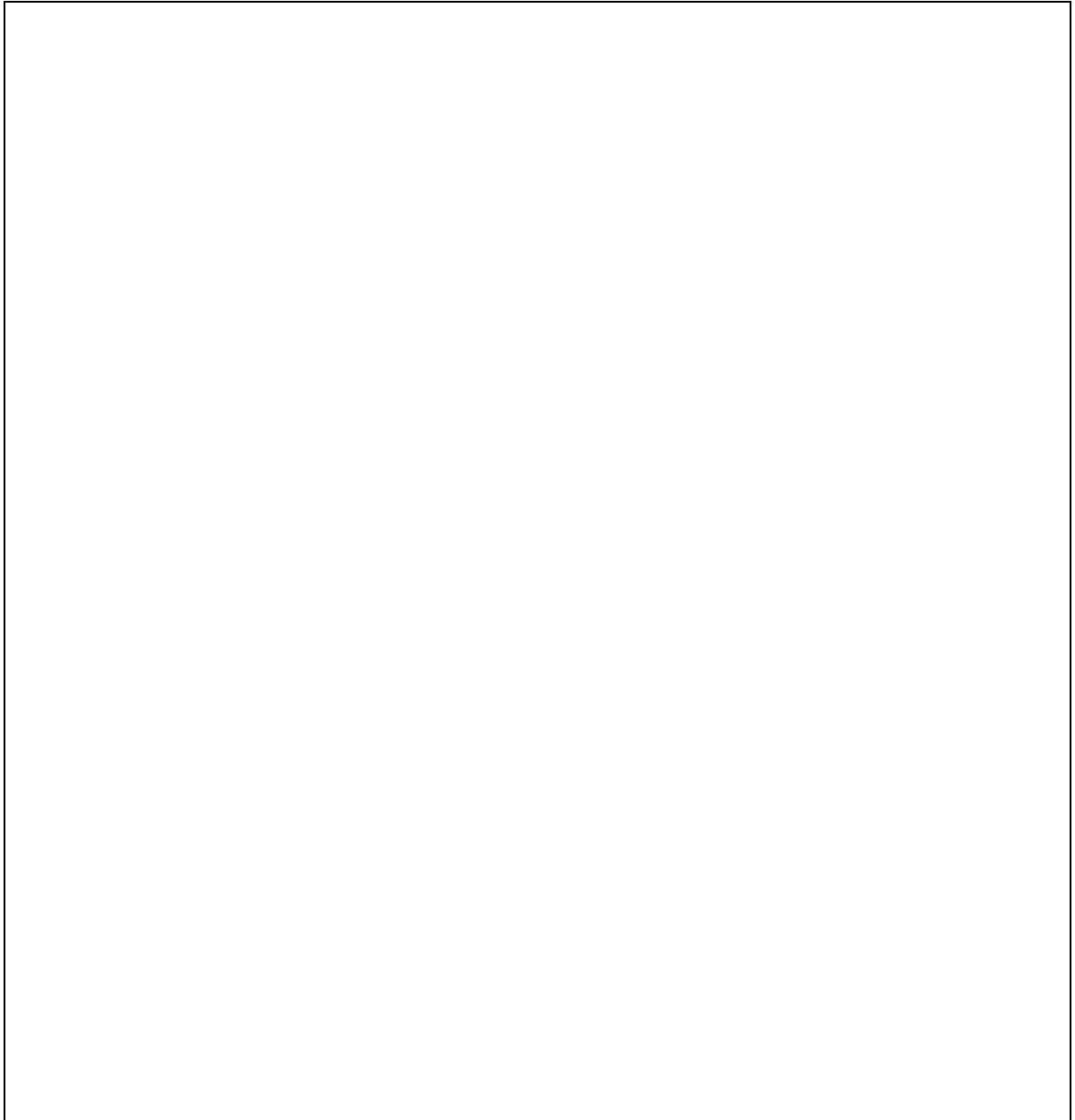
**Does your group have a management committee?**

Yes  No

**How many people are involved in running your group?**

Number of Committee Members	<input type="text"/>	Number of paid staff (full time)	<input type="text"/>
Number of Paid Staff (part time)	<input type="text"/>	Number of volunteers	<input type="text"/>
Number of members	<input type="text"/>		<input type="text"/>

**What does your group do? i.e. what activities or services do you provide?**



**What geographic area do you operate in?**



### **SECTION 3: FINANCIAL INFORMATION**

**Does your group have its own bank account?**

Yes  No

Bank account name

Bank name and branch

Bank account no.

Bank sort code

**Has your Group produced annual accounts?**

Yes  Please enclose latest copy with your application

No  Please explain why

**Are you registered for VAT?**

Yes  VAT Number

No

**Has your Group received any other grants in the last two years? Please give details.**

## **SECTION 4: ABOUT YOUR PROJECT / ACTIVITY?**

**Please give the title of your project / activity**

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**When did / will your activity or project start?**

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**When will your activity or project end?**

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**Which community target is your project focused on? (*Please tick*)**

Working with older people and/or vulnerable people	<input type="checkbox"/>
Working with young people	<input type="checkbox"/>
Working with the overall community	<input type="checkbox"/>

**Please explain the project/activity you are seeking funding for. Outline the main aims of your project and explain how it will benefit Muir Group residents and/or those who are currently disadvantaged or socially excluded.**

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**Please state if there are similar projects in your area. If so how will your project or activity make a 'real' difference or add value?**

**How will your project / activity be monitored?**

**How many people do you expect to benefit from your project / activity?**

**How will you promote / advertise your project?**

## **SECTION 5: FUNDING AND PROJECT / ACTIVITY COSTS**

How much will the activity/project cost in total?

£

How much are you asking Friends Of Muir Group for?

£

How do you expect to finance the remaining cost of the project/activity not covered by Friends Of Muir Group funding?

Funder	Amount confirmed Yes / No	Date of decision	Amount (Incl. VAT)

Give an account of how the entire project costs will be apportioned?  
(continue on a separate sheet if necessary).

Description of cost item	Cost	Comment	Spend by: (date)
<b>TOTAL COST</b>	£		

## STATEMENT OF APPLICANT

Please check that all sections have been completed then sign below.

I confirm that the information in this application form is correct. We understand that a Community Investment Award can only be used for the purpose for which it is given. We understand that we will be required to adhere by any specified terms and conditions. We understand that after payment of the grant, we will be expected to provide information on the progress of our project / activity.

**Name 1** (person submitting the form)

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<b>Signature</b>	<b>Date</b>
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<b>Role in organisation</b>
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**Name 2** (member of the group's management committee)

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<b>Signature</b>	<b>Date</b>
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Position in management committee
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### Check List

Before sending your form back check you have enclosed the documents needed.

- ✓ **A completed signed application form**  
Please keep a copy of the original for your records
- ✓ **A copy of your constitution/set of rules**
- ✓ **A copy of your current/most recent set of annual accounts**

**Please return your completed application form with enclosures to:**

**Beverley Price  
Community Investment Manager  
Oakmere House  
Mere's Edge  
Helsby  
Nr Chester  
WA6 0DJ**