

Organisation details (if applicable)

Is your organisation a registered charity?

Yes

No

If yes, what is the registered charity number?

If no, does your organisation have a set of rules/constitution?

Yes

No

When did your organisation start?

What are the main activities of your organisation?

Your application

Please tell us in the box below what you need funding for, who will benefit and how they will benefit? Also please say here if the local community has been involved in identifying this need.

Please tell us how this application fits the criteria for the Fund

They are: *“To further general charitable purposes for the benefit of the inhabitants of Freshford and Limpley Stoke”, including but not limited to the following.*

Please state which criteria apply:

Criterion	Tick	Explain
Provision of facilities for recreation		
The relief of need		
Advancement of education		
Other (please specify)		

When will the project start?

When will the project finish?

How much are you applying for in total?

Please give a breakdown of the **total** cost of this piece of work or equipment. In the breakdown column please give details of the costs e.g. under capital items list what items such as computers, office furniture etc...

Type of cost	Total Amount	Amount from FLiSCA	From elsewhere (name likely source)
Staff costs			
Volunteer expenses			
Operation / activity costs			
Office/overheads/premises			
Capital items			
Publicity			
Other			
Total	£	£	

If the total cost is bigger than the grant requested how will you meet the shortfall? Please give details of any other applications you have made and whether any funding has been approved.

Beneficiaries

In the tables below, please indicate the group that will be the primary beneficiary with a cross 'X' and any other beneficiaries with a tick '✓'. Only tick the boxes that apply - this is for information only and will not affect the outcome of your application.

Age of Beneficiaries

Early Years (0-4)	<input type="checkbox"/>	Children / Young People (5- 18)	<input type="checkbox"/>	Young Adults (19-25)	<input type="checkbox"/>
Adults (26-65)	<input type="checkbox"/>	Seniors (60 +)	<input type="checkbox"/>	The whole community	<input type="checkbox"/>

Financial information

Does your group have its own bank account? Yes No

If yes, what name is your bank account in?

If no, is there an organisation that will receive a grant on your behalf? Please give details

How many signatures do you need to authorise a cheque on this bank account?
(There must be at least two)

How did you hear about this fund?

Word of mouth Shop website SHOP NEWS Galleries Shop

Declaration

By submitting this application you are confirming that:

- The information in this application is correct
- The details of this application have been brought to the attention of the Management Committee (if applicable)
- That you have the consent of the Management Committee to submit this application (if applicable).

Your signature:	Print name:	Date:
-----------------	-------------	-------

If applicable, the following should be completed by the Chair of your Management Committee (or another Management Committee member if the Chair has completed this form)

Signature:	Print name:	Date:
------------	-------------	-------

Checklist

FLiSCA cannot process your application unless you have:

- Read and understood the information sheet which incorporates guidelines
- Answered every question
- Signed the form (two signatures)

Additional information which may be required

- Enclosed your most recent accounts or financial information
- Enclosed a copy of your constitution or set of rules
- Enclosed a list of names and addresses of your management committee
- Enclosed a copy of your child protection policy (if appropriate)