**Peoples Health Trust Community Chest Fund 2023**

**Application Form**

**Please read the guidance notes carefully before completing this application form Please answer every question**

1. **Organisation / Group’s Contact Details**

**Name of Organisation / Group:**

**Address of Organisation / Group:**

**Contact Number:**

**Email:**

**Name of Main Contact in Organisation / Group to Contact Regarding this Application:**

**Address (if different to above):**

**Contact Number (if different to above):**

**Position in Organisation / Group:**

**Mon CF may request additional information by telephone or in writing before a panel considers an application.**

1. **Organisation / Group’s Details**

**What is the aim of the Organisation / Group and how is it managed? (i.e. why was the Organisation / Group formed?)**

**What activities, services or facilities does the Organisation / Group provide?**

**When was the Organisation / Group established?**

**Month: Year:**

**How would you describe the Organisation / Group?**

**Local Community with Constitution**

**Regional Registered Charity Please give number……...**

**How Many People are Involved in the Organisation / Group?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trustees or Committee Members** |  | **Paid Staff** |  |
| **Volunteers** |  | **Members** |  |

**Does your Organisation / Group have a bank/building society account that requires 2 or more signatories to authorise payment?**

**YES NO**

1. **Project Details**

**Assume the reader of this form knows nothing about your Organisation / Group, your area or your intentions. Please write clearly and be as specific as possible (attach an additional sheet if required).**

**Project Title**

* 1. **Describe the scheme in detail, noting how you intend to use the grant. Describe the activity, who will use it and how you will derive income to sustain it into the future.**

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 Use additional sheet if required

**Date Scheme Starts:**

**Date Scheme Ends:**

* 1. **How can your Organisation / Group demonstrate the need for the project? Who was consulted and how will the local community be involved? (Please provide evidence. Letters of support and local statistics will be accepted to demonstrate the benefits of the project).**

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* 1. **How will the scheme meet the aims and objectives of the People’s Health Trust? – please refer to the link in the guidance**

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**3.4 Explain what difference this project will make to the local community and make it a better place to live:**

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**3.5 Please indicate the outputs and results anticipated from your project:**

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**3.6 How will you ensure that the outputs are monitored, achieved and reported to us?**

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**3.7 How do you intend to market your project in/to the local community?**

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 **3.8 Further project information:**

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 Use additional sheet if required

1. **Financial Details of the Project**

**Please provide us with a breakdown of the Overall Total Costs of the whole project,**

**Please provide details of the grant sought from Môn CF’s Community Chest Fund MAXIMUM £500**

|  |  |
| --- | --- |
| **Items of Expenditure (Revenue)** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **£** |

**OVERALL REQUESTED FROM MÔN CF**

**£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration**

**Declaration: I confirm on behalf of the Organisation / Group that I have the authority to sign this declaration and that all information provided, to my knowledge, is correct and true. I understand that the grant will have to be spent in accordance with the terms and conditions of the offer and if we do not conform to these terms and conditions there is a possibility that repayment of the grant will be ordered, partially or for the whole project.**

**Name of Applicant (Main contact in the Organisation / Group):**

**Applicants Signature: Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**