

## FUNDING APPLICATION FORM

<b>Organisation Name</b>	
<b>Main Contact Name, Address &amp; Postcode</b>	
<b>Telephone No.</b>	<b>Email Address</b>
<b>Website address, if applicable</b>	
<b>Type of Organisation e.g. Unincorporated Association / Company Limited by Guarantee / SCIO (Scottish Charitable incorporated Organisation)</b>	
<b>If a company please give the company number:-</b>	
<b>If a charity please give the charity number:-</b>	
<b>Project Name</b>	

**Please tick all of the Community Planning Outcomes that best describes your Project:**

**Healthy Communities**

**Strong Communities**

**Safe Communities**

## **Project Details**

### **Project description, please include details on:**

- The Project aims
- The actions that will deliver the Project
- The delivery timescale
- The physical area that the Project will cover.

### **How does your project align with the Community Planning theme box(es) that you have ticked**

### **How will this Project make a difference and what value will it add to the community? Please include details on:**

- The identified local need and how you have identified this
- Project Outcomes, what will be different?

### **At which individuals and / or groups is the Project aimed?**

- Who will benefit from your Project – e.g. age groups / unemployed / people with disabilities / ethnic groups?
- What will be the benefits to the wider community?

### **How and who will monitor this Project and how will this information be used?**

## Furthering the work of Community Planning

**Which Local Community Planning Group partners will you be working with and how will you work together to deliver the aims of your Project?**

**What resources, skills and expertise do you expect to share with the partners and expect them to share with you?**

**Is this Project related to any of the actions within the Garioch Community Plan and if so which?**

## Funding Details

**Please provide a breakdown on the total funding required?**

Item or activity	Total Cost	Amount requested from Community Planning

**Please advise if funding is or has been sought from other sources?**

If "Yes" please confirm the source(s) and amount(s) sought and / or secured

### **Declaration**

As far as I know and believe, the information in this Application Form about our Project is true and accurate. We consent to the use of our funding and project details within the 'Our Aberdeenshire' Community Planning Website, news releases, publications and other publicity materials. We agree to complete an Evaluation Form within 6-12 months of completion of the Project.

Signature: \_\_\_\_\_

Full Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_