Community Soup Event

Application Form to be submitted by 1st March 2019

Name of group or organisation that you are applying on behalf of: Charity Number:
Charity Number:
Date established:
*If you are not a registered charity, please submit a copy of your constitution, terms of reference or other governing documents with your application.
No of people on your committee:
Website and Social Media Links:
Your Name:
Email: Telephone:
Your position in the group/organisation:
Where will this project take place? Please include, town, city and postcode(s):
Please tell us how much money you need and provide an overview of the project you would like the money for. Summarise in no more than 500 words, including what you will do, the difference it will make and who the beneficiaries will be.

Continue overleaf

Vill your pr	oject benefit Almo	nd tenants?				
Yes	No	Don't know				
By signing t	this form you confi	m that:				
		in the application, curate, true and up		ttachments and	d additional	
You are	authorised by you	group/organisatio	n to act on its be	ehalf		
Sianature o	f contact person:					
					DHA	1
				En.		9.
Barbara Bo	ertien	ur application form			0	it
	Engagement Officusing Association	er			uun.	Q
44 Etive Wa	lk, Craigshill, Livin			CO	-0 /2	
Email: barb	ara.boertien@almo	ndha.org.uk			.01	nt

B