

Application Form 2018/19

PROJECT TITLE:

[Click here to enter text.](#)

PROJECT LOCATION: [Click here to enter text.](#)

Please state if this is an existing project or a new project: [Click here to enter text.](#)

Please identify which group of tenants will benefit from your project.

GGHT (Warrington) Tenants

Helena (St Helens) Tenants

APPLICANT DETAILS:

Name of Group: [Click here to enter text.](#)

Contact Person: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Postcode: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Mobile: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

DETAILS ABOUT YOUR PROJECT:

Please describe what you are looking for funding for.

Can you confirm and demonstrate how this will benefit Torus (GGHT/HELENA) residents

[Click here to enter text.](#)

When is your project taking place as we may like to take the opportunity to come and see how the money was spent?

[Click here to enter text.](#)

PROJECT COSTS:

What is the estimated cost of your project?

£ [Click here to enter text.](#)

What is the amount you are requesting from the Community Fund?
(Note that Torus Community Fund does not necessarily have to meet the full cost of your project)

£ [Click here to enter text.](#)

Please provide an itemised breakdown of the costs that apply to the Community Fund only
(Provide quotes)

£ [Click here to enter text.](#)
£ [Click here to enter text.](#)
£ [Click here to enter text.](#)
£ [Click here to enter text.](#)
£ [Click here to enter text.](#)
£ [Click here to enter text.](#)

Where will the remaining costs be funded from?

[Click here to enter text.](#)

Has this remaining funding been secured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Details of monetary and in kind match funding
Click here to enter text.

If your project is working with children, young people or vulnerable adults, do your volunteers have Criminal Records Bureau (CRB) clearance?
Click here to enter text.

DECLARATION:

- I confirm that I am authorised to sign this application on behalf of my voluntary/community group.
- The information provided is, to the best of my knowledge, true and accurate.
- If my application is successful, the grant awarded will only be used for the purposes stated in the application form
- I agree to forward receipts to Torus to show the money was spent on the items outlined in the application form.
- I agree to complete the feedback questionnaire following the project. I understand that failure to do so will stop any future application.

Name:	Click here to enter text.
Position:	Click here to enter text.
Signed:	
Date:	Click here to enter a date.

Your application will not be considered if you fail to complete any of the sections, provide incorrect or false information or do not include all of the relevant documentation.

You must ensure that on successful application to the fund, receipts are returned and the feedback questionnaire is completed. Failure to do this will result in you being unable to apply to future funds.

APPLICATION CHECK LIST:
You must attach all the following information with your application. Your application will not be considered without them.

Constitution	<input type="checkbox"/>	Public Liability Insurance	<input type="checkbox"/>
Bank Statement <i>(within the last 3 months)</i>	<input type="checkbox"/>	Copy of Quotes & Estimates <i>(3 quotes – if applicable)</i>	<input type="checkbox"/>
Child Protection Policy <i>(If applicable)</i>	<input type="checkbox"/>	Copies of leaflets/flyers <i>(If applicable)</i>	<input type="checkbox"/>
Vulnerable Persons Policy <i>(If applicable)</i>	<input type="checkbox"/>		

Please save and return the completed form to: Joanne McMahon or Keith Farroll at getinvolved@wearetorus.co.uk

Please note, only electronic applications will be considered.