

# Strathbrock Community Centre

Funding Application - partner agencies, local organisations/centre user groups

Strathbrock Community Centre 189(a) West Main St, Broxburn EH52 5LH

Tel. No.01506 771743

## Section 1 - Organisation/User group Details

Name of organisation/user group (Please include your OSCR registration number if applicable)

Contact Person A

Contact Person B

Name	<input type="text"/>	<input type="text"/>
Position in Organisation	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>

If you are a branch of a larger organisation, please give the name of your parent body.

Number of members
Male                      Female

Is your Organisation a member of Strathbrock CEA    Yes     No

How long has your organisation/group been running?     years

Where does your organisation/group meet?

Name and address of venue:

Does your organisation have a member that attends regular CEA Management Committee meetings? (Please state their name)

Please tick the box/es that best describes the work of your organisation

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advice and information              | <input type="checkbox"/> Health Issues                   | <input type="checkbox"/> Physical disabilities    |
| <input type="checkbox"/> Anti Poverty                        | <input type="checkbox"/> Homelessness and housing issues | <input type="checkbox"/> Transport                |
| <input type="checkbox"/> Children and families               | <input type="checkbox"/> Learning disabilities           | <input type="checkbox"/> Volunteering             |
| <input type="checkbox"/> Community and neighbourhood support | <input type="checkbox"/> Learning opportunities          | <input type="checkbox"/> Voluntary Sector Support |
| <input type="checkbox"/> Counselling                         | <input type="checkbox"/> Mental health                   | <input type="checkbox"/> Youth Work               |
| <input type="checkbox"/> Drug and alcohol issues             | <input type="checkbox"/> Older people                    | <input type="checkbox"/> Physical Activity        |
| <input type="checkbox"/> Other (please Specify) .....        |  |   |

Which of the following best describes your organisation? (tick one box only)

- Registered Charity                       Voluntary or Community Organisation  
 Company limited by guarantee         Other (please specify).....

What need in the community does your organisation aim to meet?

**Section 2 - What is application for?**

What is funding application for?     Specific project     Specific event

How much funding are you applying for?   

What is the total cost involved?   

How much match funding is your organisation spending on this project?   

How will the funding be spent?

Who will benefit from the funding and how?

What age range does this cover?.....

How many paid staff/ volunteers do you have in your organisation?

### Section 3 - Supporting Information

Applications will not normally be considered unless all of the following information has been received. Please tick to indicate that you have submitted this information with your application.

- Memorandum of Association or Constitution
- Most recent bank statement (or letter from bank confirming bank account details)
- Annual Audited Accounts or statement of income and expenditure

### Section 4 - Declaration

I confirm that I am authorised to submit this application on behalf of my group.  
I also confirm that all information given is accurate and that, if awarded funding, the organisation will comply with Strathbrock Community Education Association conditions of funding (attached)

Contact Person A		Contact Person B	
Signature	<input type="text"/>	Signature	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>

### Section 5 - For W Starthbrock r Management Committee use only

Amount Awarded	<input type="text"/>	Date	<input type="text"/>
Evidence of expenditure received	<input type="text"/>	Date	<input type="text"/>
File copy	<input type="text"/>	Date	<input type="text"/>