

**Community Donation Fund  
Application Form**

**Q1 Name of Organisation applying:**

.....

Company no. (if applicable): ..... Charity no. (if applicable): .....

*Please attach a copy of your Rules, Memorandum and Articles or other governing document.*

**Q2 Contact Details of applicant**

Name: .....

Address: .....

.....

Post Code: ..... Tel No.: .....

Email: ..... Mobile No.: .....

**Q3 Do you have a Bank Account? Yes/No**

Are at least two signatures required for release of funds from your account? Yes/No

**Q4 Please tell us briefly what your organisation does?**

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**Q5 Please tell us what our funding would pay for?**

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**Q6 a) Who will your project benefit?**

*We don't need names but we do need an idea of which group(s) of people will benefit – and how many?:*

.....

.....

.....

**Q6 b) How will these people benefit?**

.....

.....

.....

**Q7 When are you planning to start your project?**

Month: .....

Year: .....

**Q8** How much will each item or activity cost and how much do you want as a donation? *(Please fill out the table below.)*

Item or Activity	(A) Total Cost	(B) Amount requested from RSHA
<b>TOTAL</b>	£	£

**Q9** If the total in column A above is higher than column B where is the rest of the funding coming from?

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**Q10** What is the minimum donation that would be worthwhile? £.....

**Q11** What financial reserves (balance) did you carry forward from the end of your last accounting year? If you are unable to use these reserves towards this project please tell us why?

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**Q12 How long has your organisation been in existence?**

Years: ..... Months: .....

**Q13 How many members, volunteers and staff does your organisation have?**

Members: ..... Volunteers: ..... Staff: .....

**Authorisation:**

- We have read and agree to abide by the Terms & Conditions set out in the *RSHA Community Donation Information Note*.
- We understand and agree that the grant must be spent as itemised within our application – any changes must first be agreed by Rural Stirling Housing Association.
- We agree to identify and return any underspend to RSHA; we understand that if the costs incurred are higher, supplementary applications will not be considered.
- We understand and agree that we must complete and return monitoring information
- We confirm that this application has the support of our Committee and/or group as a whole.

**Main Contact** (this should be the same person as at Q2)

Signature: .....

Please print name: .....

Position in group: ..... Date:

**Second Contact** (Chair, Treasurer or Secretary who must be fully aware of this application)

Signature: .....

Please print name: .....

Position in group: ..... Date:

**RSHA Admin:**

**Application Decision:**    Approved        Not approved.

**Date of Decision:**

**Application Reviewer:** Name and Signature:

