

HULL COMMUNITY INVESTMENT FUND

APPLICATION FORM

Please read the guidance notes carefully to make sure that your project is eligible for funding.

1. How Can We Contact You?

Organisation or Group Name

Address

Contact Person

Telephone Number

Best time of day to contact

E-mail Address, one you
check regularly

Mobile or Other Number

cityventure



Neighbourhood
Renewal Unit



For Hull's Sake Get Involved

**ONE
HULL**
Creating a better City



2. About Your Organisation

What are the main activities of your group or organisation?

Which NRF ward/s do the people taking part in your activities come from?

How many people are involved in your group?

Committee
Members

Members

Volunteers

3. Bank Details

Account Name

Account Number

Bank's Name and Address

Signatories (name and position)

4. About Your Project

How would you use a Hull Community Investment Fund grant?

How have you identified the need for your project?

When and where will the activity take place?

5. Which of the floor targets/Safer Stronger Communities Fund Priorities will your project meet?

Yes No If yes, how will it do it?

Health

Crime

Education

Worklessness

Liveability

6. How would you use the grant? Please provide a detailed breakdown of expenditure and include quotes.

Item	Description	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	The maximum you can apply for is £10,000.00	<input type="text"/>

Please give a brief description of your group's contribution (if any).

The Fund Panel may decide to only give a percentage of the funding requested. Please give details of which elements (if any) of your project could still be carried out if this happened.

Amount Given

Areas of project which would be carried out

75% Awarded

50% Awarded

25% Awarded

How will you check how successful your activity has been and if it has made any impact upon the floor targets?

7. Other funding

What other funding have you received in the last 12 months? (please list amounts and who from)

Please give details of any outstanding applications (including an indication of when you should know the outcome)

8. Declaration

Two people from the management committee must sign the form.

We certify that the information provided is accurate and true. We understand that if it becomes evident that the information was misleading then all funds can be withdrawn.

Signed

Position

Date

9. Checklist

Please check the following (your application cannot be considered if you have not)

Are you a community/voluntary group?

Have you answered ALL questions?

Enclosed a copy of your rules?

Enclosed a copy of your accounts?

I confirm that I have a child protection policy and all people that work with children are CRB checked.

If you would like to receive information from the Hull Community Network, please tick here we will pass your details onto to the Hull Community Network Team.

The personal details you supply on this form are used solely for the purpose of administering this application. They are transferred to a database to help determine eligibility of future applications. The application form is kept for 6 years and then destroyed.