

Ending Loneliness Fund

Application Form

Please read the Information Notes before completing this application form.

Tell us about who i	is applying f	or funding:			
Name of applying organisation					
Contact details					
Title First name	Surnam	ne	This should be someone who knows about the		
			project.		
Address Details			Please include the full		
			postcode.		
Phone (daytime)					
E-mail address					
If applicable places	aive the mair	androse of your organisation			
ii applicable please	give the mair	n address of your organisation			
Address Details			Please include the full		
			postcode.		
			<u> </u>		
Phone (daytime)					
E-mail address					
Website					
Please describe yo	ur group:				
Is it (please delete a		e):			
-					
ONot-for profit consigroup	litutea	Charity			
If a charity, what is the registration number given to your organisation					
by the Office of the S	Scottish Cha	rity Regulator?			

When did your group start?		
Month	Year	When did it first meeting or runni activities or proje
How many members are involve	ed in running your gr	
Have all volunteers in your grou	ın heen checked thro	ough Disclosure
Scotland? (where appropriate)	ip been checked till	ough Disclosure
		If your staff and/volunteers are w with children and vulnerable adults they been suitab investigated, and fitness for their d properly establis appropriate Disc checks?
What will you use the money fo	r?	
		Please explain in what the project involves and how be implemented project somethin for you or is it sin what you've don before? Please continue additional sheet necessary.
When are you planning to star	and end your projec	ct?
		We can't give f for activities the already taken p Please make y application at le two months be you need to sta
Tell us how much money you n	eed for your project	and what it

Please tell us about what the funds applied for will be spent on and the value of the application	
	Please list all the items or activity associated with your project. You should list all costs that will be funded by the grant. Please use another sheet if necessary.
	Remember to include VAT where it applies.
How will the funding assist in ending loneliness and/or social isolation?	
	Explain who you expect to benefit and in what way. e.g. young people, older people, disadvantaged groups.
Please give us your bank account details.	
Account name	You must send an original bank statement with this application. We will
Bank or building society name	return this to you.
Bank or building society address	passbook account, you can send a copy of the pages of your book.
Sort code	
Account number	This must be eight digits long.
Roll number	Building society accounts only.
Authorisation	
This must be the name of the person named in question 1. I confirm that, as far as I know, all the information on this application form is true and correct. I understand that you may ask for more information at any stage of the application process.	
Name: Date:	
Position held in your group	
Details of your Chairperson, Vice Chair, Secretary, Treasurer.	
Title First name Surname	

Position in group / company / business:
Home Address
Phone (daytime)
Email address

What to do now

Before you send us your application, check that you have done everything.

Check that you have enclosed all the documents we need.

- a. A copy of the constitution or set of rules that your group has adopted
- b. Your most recent yearly accounts or statement of income and spending.
- c. A document giving us proof of your group's bank or building society account. This document could be:
 - a copy of your most recent bank statement in the name of your group
 - a copy of your building society passbook, with the pages showing your group's name, account number and current balance; or
 - if you're a new group who has only just set up your account, a signed letter from your bank or building society on their headed paper. This letter must show your account name, number and sort code.
- d. Two quotes for any work to be carried out or items to be purchased.

Now send your application with all the documents to:

West Dunbartonshire Council's Finance Team West Dunbartonshire Council 16 Church Street Dumbarton

Or by Email to: <u>LonelinessFund@west-dunbarton.gov.uk</u>