

Application Form

If you have any questions call
the Community Action Award Team on 01264 355 846.

All sections of the application form must be completed.

Please send the completed form to:

Creme of Nature Community Action Award 2010

4 Eastgate House, East Street, Andover, Hampshire, SP10 1EP

Please continue answers on a separate sheet of paper if required.

Completed applications must be received by 28th February, 2010.

1. YOUR GROUP OR ORGANISATION'S CONTACT DETAILS

NAME OF THE GROUP/ORGANISATION APPLYING FOR THE AWARD:

GROUP'S ADDRESS:

TEL:

EMAIL:

WEBSITE ADDRESS:

2. MAIN CONTACT PERSON

NAME OF CONTACT PERSON FOR GRANT APPLICATION:

POSITION IN GROUP:

BEST TIMES TO CONTACT:

TEL:

EMAIL:

WEBSITE ADDRESS:

ADDRESS OF MAIN CONTACT (if different from the above):

IS YOUR GROUP A REGISTERED CHARITY? NO YES – REG. CHARITY N°:

WHEN WAS YOUR GROUP FORMED?

3. TELL US ABOUT YOUR GROUP/OR ORGANISATION

(please tell us who you are, who is involved and where you are based)

4. PLEASE TELL US HOW YOUR GROUP/ORGANISATION WILL USE THE MONEY

(Please provide as much detail as possible on how you intend to use the award. In recent years the Judges have favoured applications that show that the award will be used to invest in high cost items or infrastructure improvements, rather than providing for salaries or expenses.)

5. TELL US HOW THE MONEY WILL CHANGE YOUR COMMUNITY IN THE SHORT TERM

(Tell us how the project will give you a chance to do things you are not able to do at the moment)

6. TELL US HOW THE MONEY WILL CHANGE YOUR COMMUNITY IN THE LONG TERM

7. HOW WILL OTHER PEOPLE IN YOUR COMMUNITY FIND OUT ABOUT YOUR IDEAS FOR THE FUTURE

8. PLEASE INDICATE WHO IS INVOLVED IN YOUR GROUP/PROJECT/ACTIVITIES

9. PLEASE CONFIRM YOUR ANNUAL TURNOVER

Please note that the award can only be paid to a named organisation with a UK Bank Account

Statement of Applicant

Please check that all sections of the form have been completed, and sign below.

I confirm that the information in this application form is correct. We understand that after payment of the Community Action Award, we will be expected to provide information on the progress of the project and proof of expenditure.

SIGNATURE 1 (person submitting this form)	SIGNATURE 2 (if appropriate)
NAME:	NAME:
POSITION:	POSITION:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

