



**5. Please tell us about the activities/project inc. date that you are applying for funds for:**

*(Your project may be available to everyone in the area, but to do this you may need to consider whether any of the groups have additional needs to get them involved e.g. information about the project translating into another language or put onto tape, is the venue accessible to everyone, or is it aimed at a group that have been traditionally excluded in activities? Charging for activities is not fully inclusive)*

**6. Please tell us how you think your application promotes Equality and Diversity?**

*(Include the location where activities will take place, who will be involved in the delivery of the project, who will benefit as a result of the project e.g. specific age groups, men/women etc and how your project will benefit the area. Supporting information can be attached)*

**7. How will you monitor who the project beneficiaries are? (e.g. attendee's sheets, receipts')**



**11. Have you a bank account in the name of your Group or Organisation?**

- YES**  (If yes please supply most recent accounts)  
**NO**  (If no, funds will be held by Calico)

If YES, please supply details:

<b>Bank/Building Society:</b>	.....
<b>Account No:</b>	.....
<b>Sort Code:</b>	.....
<b>Name of Account:</b>	.....
<b>Address:</b>	..... .....

**12. Would you like to receive your fund by:**

**BACS**

**Cheque**

**13. Have you successfully applied for funds from elsewhere for the same purpose?** (List details of how much you have applied for, where from, and when you expect to hear)

<b>YES/NO</b>
<b>If, YES, how much and from whom:</b>

If the information above is deemed to be untrue funding will not be granted again and monies spent will be claimed back by Calico.

**14. Where did you hear about the ABC fund?**

Poster / Advertisement	<input type="checkbox"/>	Radio	<input type="checkbox"/>
Calico Staff	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Tenant & Resident Group	<input type="checkbox"/>	Local Press	<input type="checkbox"/>
Other (please state)	_____		



**Before signing your application please check that you have:**

- enclosed your constitution/statement of objectives/mission statement
- child protection policy & CRB check (if applicable)*
- enclosed 2 estimates for **all** goods/services
- enclosed a copy of your accounts
- enclosed a detailed breakdown of expenditure , separate quotes & any supporting evidence which you feel will help your application
- fully completed and signed your form

**I confirm that I have provided accurate information in this Application form and that I am applying on behalf of the above named organisation/group: -**  
(A minimum of 2 signatories who are required to withdraw funds on behalf of the group here)

**Name:**

**Name:**

**Signature:**

**Signature:**

**Position:**

**Position:**

**Date:**

**Date:**

**YOU SHOULD MAKE A COPY OF THIS APPLICATION FOR YOUR OWN PURPOSES**

**If you require any help or advice in order to complete this form, please contact the Community Involvement Team on 0800 169 2407 or [communityinvolvement@calicohousing.co.uk](mailto:communityinvolvement@calicohousing.co.uk)**

