

COMMUNITY FUND - APPLICATION FORM



Name of Organisation:	Registered Address:
Type of Organisation: i.e Registered Charity	Website (if applicable):
Applicant Name: Position:	Address (if different from above): Telephone: Email:
Second Organisation Contact: Position:	Address: Telephone: Email:
Please give a brief overview of what the organisation does:	
Geographical areas covered:	
Please give a brief description of how the money will be used for your project and how it will benefit the community:	
Amount of funding requested (up to £500):	

Continued overleaf

Have you attached a copy of your governing document i.e. constitution (if applicable):

Yes: No:

Have you attached a copy of your group's accounts:

Yes: No:

Have you attached a copy of the group's latest bank statement dated within the last 3 months:

Yes No:

I confirm the signing instructions on the organisations bank account are for joint signatures and the signatories are not related.

Yes: No:

Bank details

Bank		Branch	
Sort code		Account Number	

If there is a credit balance in your bank account, please explain why you are unable to use it for this project:

Are you or any committee members related to any member(s) of Albyn Housing Society or Highland Residential staff or Board Members?

Yes: No:

If so, please state name and relationship:

Are you or any committee members a tenant or sharing owner of Albyn Housing Society or Highland Residential?

Yes: No:

Do any of the committee/you receive any services supplied by Albyn Housing Society or Highland residential, e.g. factoring services?

Yes: No:

If so, please provide details:

By signing this application form I /we confirm the information provided is true and correct and if awarded the funds will be used for the purpose stated above.

Signed:	Date:
Print Name:	Date Approved:

We will send you a feedback form to complete within 12 months of any award asking for details on how you spent the funds and the difference it made.

We're always interested to see photos of completed projects. Would you consent to these being shared either on our website, social media pages or tenant newsletter:

Yes: No:

For office use only:

Evidence	Date received	Reviewed as acceptable/ checked to eligibility criteria		Approved
Completed and signed application				
Governing document				
Bank statement				
Copy of Accounts				
Explanation of credit funds				
Turnover < £30,000				
Bank account signing authority confirmed				
EPB Policy recorded	Date		Reason	
Comments/ notes:				
Approved by panel (insert panel members names and signatures)				
Name:	Signature:		Date:	
Name:	Signature:		Date:	
Name:	Signature:		Date:	
Date sent to Finance Team for payment				