YOURVOICEYOURCHOICE2

Before filling out the below application form, please be aware that any organisation/group/individual that wishes to apply must meet the following criteria: -

Please read the Guidance document carefully before completing the application form.

|  |  |  |
| --- | --- | --- |
| A |  | B |
| Be a Constituted Group | OR | If not a Constituted Group |
| Have a bank account |  | Have a sponsor organisation to receive the funds on their behalf |

|  |
| --- |
| 1. **APPLICANT DETAILS**
 |
| **Name of Organisation/Group/Individual:**  |  |
| **Contact Name**  |  |
| **Position in Organisation** |  |
| **Contact Address** |  |
| **Telephone no** |  |
| **Email**  |  |
| **Fax** |  |
| **Address for correspondence:** |  |
| **Postcode** |  |
| **Charity No: (if applicable)** |  |

|  |
| --- |
| The overarching aim of the project idea must be to **reduce poverty and inequalities** in the community and address one or more of the following areas which assist do this. |

|  |
| --- |
| **Which key areas will your project address [select all that apply]** |
| **Improving Health & Wellbeing**  |  | **Strengthening****Communities**  |  | **Raising****Achievement**  |  |
| **Include** **Everyone** |  | **Employment and Training**  |  | **Education** |  |

|  |
| --- |
| **In which area of the partnership will the project focus? [select all that apply]** |
| Carberry |  | Cousland |  | Fisherrow |  | Inveresk |  |
| Levenhall |  | Monktonhall |  | Newhailes |  | Old Craighall |  |
| Stoneybank |  | Wallyford  |  | Whitecraig  |  | All Areas |  |

Please note that the areas indicated cover all areas of the geographical area covered by the Musselburgh Area Partnership.

|  |
| --- |
| 1. **What was your organisation set up to do? Or if not yet formed, tell us about yourselves.**
 |
|  |
| 1. **What is the title of your project? (Required for promotion and voting)**
 |
|  |
| 1. **What is your project idea (that you are applying for these funds for)?**
 |
|  |
| 1. **What evidence do you have to support the need for this idea?**
 |
|  |
| 1. **How will you know that you have successfully achieved what you plan to do?**
 |
|  |
| 1. **What does your idea do to help reduce poverty an inequalities?**

**(**The selection process will place a great deal of weight on this question) |
|  |
| 1. **How much funding are you seeking) (Please note the minimum is £100 and maximum is £10,000**
 |
|  |
| 1. **Please provide and approximate breakdown of costs leading to the amount applied for.**
 |
|  |
| 1. **How will you evaluate your idea / project?**
 |
|  |

|  |
| --- |
| 1. **Financial Details Declaration**
 |
| **Full bank details must be provided on request to the Musselburgh Area Partnership. Place indicate as required in the declaration in section 12.** |

|  |
| --- |
| **Sponsor Organisation Details [for un-constituted groups/clubs/individuals]:**  |
| **Name of Organisation**  |  |
| **Name and contact details of lead contact**  |  |
| **Address Details:**  |  |
| **Postcode** |  |

|  |
| --- |
| **12 Signatory** |
|  | I declare that I have read the guidance document and that the information submitted in this application is accurate to the best of my knowledge.\*Delete as appropriate.I declare the applicant organisation/group has a bank account / the applicant has a sponsor organisation who will receive funds if required.

|  |  |
| --- | --- |
| **Full Name (Print)** |  |
| **Signed:** |  |
| **Date:** |  |
| **Email:** |  |

 |