

HALTON HOUSING TRUST

COMMUNITY SPONSORSHIP FUND

APPLICATION FORM 2009/10

Translations available on request by phoning 0151 510 5000

যদি আপনি এই তথ্য অন্য ভাষায় পেতে চান, তাহলে দয়া করে 0151 510 5000 নম্বরে ফোন করুন।

यह सूचना यदि आपको किसी अन्य भाषा में चाहिये तो कृपया नंबर 0151 510 5000 पर फोन करें।

یہ معلومات اگر آپ کو کسی دیگر زبان میں چاہیے تو براۓ مہربانی نمبر 0151 510 5000 پر فون کریں۔

如果你需要其他語文版本的本資訊，請致電 0151 510 5000

Jeśli chcieliby Państwo otrzymać powyższe informacje w innym języku prosimy zadzwonić pod numer 0151 510 5000

This document is also available in Braille, large print and on tape



Halton
Housing Trust
Delivering quality and excellence for all

1) Name of Group/Organisations/Individuals applying for the grant:

Address of premises used (if appropriate):

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.....
.....

Postcode

2) Name, address and telephone numbers of person(s) making this application:

Name

Address

.....

Postcode

Daytime Tel No

Email

3) Does the group have a Bank or Building Society account? If so, please provide details, a current balance and enclose a recent financial statement.

Account name

Account number Sort Code number

4) Is there a written constitution for your group/organisation ? *(Please tick relevant box)*

Yes No

If yes, please attach a copy.

5) What is the purpose of the group and how many members does it currently have?

Membership

Purpose

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6) How much are you asking for? £.....

7) Please describe how the grant will be used and a breakdown of cost (You may attach an additional sheet)

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8) Has any application been made for a grant to any other funder?
(Please circle) Yes No

If so, please give full details (this will NOT rule out your application)

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9) Have you made a previous grant application to the Trust?
(Please circle) Yes No

If so, what year and was it successful (include amount awarded)

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10) Please give details of any discussions/consultations that may have taken place with the local community who may directly benefit from the grant application?

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11) Who will directly benefit/participate if the grant application is successful?

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12) How many people will benefit/participate from this activity?

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.....

13) Please detail the whole budget for your project below. If appropriate please provide copies of at least two quotations?

Itemised Expenditure	Amount £

Declaration
(Name of Organisation)

On behalf of the above we hereby declare that the group/organisation operates on a not for profit basis and that to the best of our knowledge the information we have given is true and accurate and we agree to be bound by the criteria and conditions of the grant.

Name (Chairperson)

Address

.....

Postcode Tel No

Signed Date

Name (Secretary)

Address

.....

Postcode Tel No

Signed Date

Are you or anybody associated with your group/organisation either :

- related to a Board Member
- related to an employee of Halton Housing Trust
- a Board Member of Halton Housing Trust
- an employee of Halton Housing Trust

Yes No

If yes please give details.

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PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS AND THAT
THE FORM IS SIGNED

Please return this form to:

Colette Ranson
Halton Housing Trust
Daresbury Point
Green Wood Drive
Runcorn
Cheshire
WA7 1UG

Tel No. 0151 510 5020