



CASTLEREAGH BOROUGH COUNCIL
GOOD RELATIONS
APPLICATION FOR GRANT
£500 maximum

1 Group/Organisation:

2 Name of Project (if applicable)

3 Contact Name:

Position in Group/Organisation Chairperson

4 Address

5 Postcode

Telephone No.

E-mail address

Information about Group/Organisation

6 When was your Group/Organisation formed?

7 What are the Aims and Objectives of your Group/Organisation?

8 Please enclose the following

Constitution

Office Bearers

Recent Annual Accounts

Information about Project

9 Project for which grant is requested (please give details)

Title of activity/project _____

Time Scale _____

Target group _____

Desired Outcomes

10 When does your project commence? _____

When does your project finish? _____

11 Please name anyone from Castlereagh Borough Council with whom you have discussed this project.

12 Briefly describe the actual project.

13 Referring to our Aims and Objectives set out in the guidelines
Please demonstrate how your project fits the criteria.

14 Will the project for which you have applied for funding from Castlereagh Borough Council Community Relations Programme involve alcohol consumption?

15 Has your group previously received funding from Castlereagh Borough Council Community Relations Programme?

Yes

No

Please give details.

Financial Information

17 Has your group/organization applied for any financial assistance from any other source for this project?

Yes

No

If yes please give details.

18 Is there any expected income from this project eg. Tickets, Entrance fees etc. please specify

Project Income

Total £ _____

- 19 Breakdown of costs requested from Community Relations Programme. Please be specific and as realistic as possible and attach full budget of the overall cost of the project if applicable.

Costs	Amount
Total	£

- 20 Please add any further comments you may wish to make in support of your application.

Declaration

We hereby declare that our community organization is non-sectarian and non party political and is inclusive and open to a full range of local public opinion. We further declare that the information provided is true and accurate. No changes will be made to any proposal without prior approval of Castlereagh Borough Council Community Relations Programme.

(to be signed by office bearers)

Treasurer _____ Secretary _____

Signed _____ Signed _____

Date _____ Date _____

FOR OFFICE USE ONLY

Date application was received _____ Signed _____

Interview Organised Yes No Date Of Interview _____

Grant Allocated Yes No Amount Of Grant _____

Comments

Signed _____

Date _____

MONITORING FORM

This section **MUST** be answered. This information will be used for monitoring purposes only and will not be used to assess the merits of your application.

Please answer the following questions.

1 Which of the following categories, if any, do you believe your organisation **primarily** represents? (Please tick all that may apply below).

Persons of particular religious beliefs

Persons of particular political opinions

Persons of particular racial group

Persons of particular age group

Persons of particular marital status

Persons of particular sexual orientation

Men

Women

Persons with a disability

Persons with dependants

2 Which of the following categories, if any, do you believe will **benefit primarily** from your proposed project? (Please tick all that may apply below. Leave blank if none apply.)

Persons of particular religious beliefs

Persons of particular political opinions

Persons of particular racial group

Persons of particular age group

Persons of particular marital status

Persons of particular sexual orientation

Men

Women

Persons with a disability

Persons with dependants

I certify that all the above information is correct and accurate.

Signed:

Date: