

SMALL GRANT APPLICATION

Please submit your completed application form to communityfund@safedepositsscotland.com – you can also contact us at the above email address if you have any queries prior to starting or submitting an application.

Organisation Information

Organisation name

Contact name

Position/job title	
Type of organisation	
Previously applied? (YES/NO)	
Project Information	
Project name	
Project description	
(If further space is required to expon your description, please subsequents along your application form)	nit a
Project aims	
(If further space is required to expon your aims, please submit a separation word attachment alongside application form)	
Anticipated number of beneficia	aries
Number of staff/volunteers	
Delivery area (town/city)	
Total project cost	

Funding sought from SafeDeposits Scotland Community Fund

Total amount sought					
What are the funds to be	used for?				
Accessment (to be community	lated by 6	Cofo Domooii	ta Caatland)		
Assessment (to be comp	neted by s	SareDeposi	S Scotiand)		
Evidence of need					
Funding stream/theme					
Funds available?					
Monitoring in place					
1					
Recommendations for fu	nding (to	be complet	ed by SafeD	eposits Sco	otland)
Amount					
Additional comments/con	ditions				