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Part A To Be Completed By Applicant

Name of Group / Agency:

Name of Contact Person:

Address for Correspondence:

Telephone Number:

Fax Number:

Email Address:

Please tick which of the six themes your funding will contribute towards:

- Making Communities Work** - Community Cohesion
- Making Communities Safer** - Reducing Crime & Anti-social Behaviour
- Developing People** - Education and Training
- Getting Cleaner and Greener** - Improving the Environment
- Making Ends Meet** - Reducing Poverty
- Getting People Together** - Reducing Isolation

Total amount requested:

Final date by which donation will be spent: **DD/MM/YYYY**

Total number who will benefit from donation:

Number of Spirita residents or service users who will benefit:

Enclosures:

- Constitution / Terms of Reference
- Names and contact details of officers
- Bank details and signatories required for each cheque
- Equal Opportunities Policy



Part B To Be Completed By Applicant

State the aims and objective of your Group/Agency:

Describe the activities for which the donation is required:

Signed:

Date: **DD/MM/YYYY**