

APPLICATION FORM

Please email your completed form to community@border.co.uk. Once we have received your application, a member of our community support team will be in touch.

CTION 1 OF 4 / CONTACT DETAILS	· · · · · · · · · · · · · · · · · · ·	
NAME OF ORGANISATION	NAME OF PROJECT	CONTACT NAME
NAME OF ORGANISATION	NAME OF PROJECT	CONTACT NAME
POSITION	PHONE NUMBER	EMAIL
CORRESPONDENCE ADDRESS		
ECTION 2 OF 4 / ABOUT YOUR ORG	ANISATION	
WHEN WAS YOUR ORANISATION ESTABLISHED?	WHERE IS YOUR ORGANISATION BASED?	
ARE YOU A REGISTERED CHARITY	DO YOU HAVE A SIGNED CONTITUTION	
(please state charity number)?	(If not - please state why)?	
CORRESPONDENCE ADDRESS		
DO YOU HAVE ANNUAL ACCOUNTS?	WHAT IS YOUR ANNUAL INCOME?	LAST YEAR'S ANNUAL SURPLUS / DEFICIT?
HAVE YOU APPLIED TO BORDER COMMUNITY SUF	PPORT BEFORE? IF SO, PLEASE STATE WHEN.	
WHAT ARE THE MAIN ACTIVITIES OF YOUR GROU	P AND WHAT SERVICES DO YOU PROVIDE?	



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CTION 3 OF 4 / DETAILS OF FUNDING REQUEST	
WHAT IS THE TOTAL COST OF THE PROJECT?	
PLEASE STATE THE AMOUNT YOU ARE APPLYING FOR? IS BORDER THE SOLE: IF NOT, PLEASE OUTLINE OTHER FUNDERS, THE AMOUNT GIVEN/REQUESTED	
ECTION 4 OF 4 / PROJECT INFORMATION	
HOW WILL YOU USE THE GRANT?	
PLEASE GIVE A COST BREAKDOWN OF THE PROJECT.	
WHEN DO YOU EXPECT THE PROJECT TO START?	WHEN DO YOU EXPECT THE PROJECT TO BE COMPLETED?
WHAT ARE THE PROJECT OBJECTIVES AND OUTCOMES?	
SIGNATURE	DATE
Declaration: I certify the information contained in this application is correct and I am auti	porised to make the application on hebalf of the above group. Lunderstand the decision
Declaration: I certify the information contained in this application is correct and I am auti made by Border Community Support is final.Charity information: Border Community Sup T: 01555 662886, E: info@borderbiscuits.co.uk, www.border.co.uk. Company registered	port is a registered charity of Border Biscuits Limited South Faulks Road, Lanark, ML11 7SR.