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|  | **Community Funding or Volunteering****Request Form** 2022 - 2023 |
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COMMUNITY FUNDING OR VOLUNTEERING

contact information

Please complete this application and return the form to **jemma.nicholls@equans.com**, please note request forms must be returned at least 30 days prior to the event or date the support is required.

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| **Name of Group or Organisation** |  |
| **Address (Including postcode)** |  |
| **Telephone Number** |  |
| **Name of main contact** |  |
| **Email address** |  |
| **When was the group or organisation set up?** |  |
| **What are the main activities of the group?** |  |
| **Is the group a registered charity?** | Charity Number: |

# community funding or volunteering

request information

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| **Type of Support Requested** **(Select as appropriate)**  | Community Funding Project [ ]  Volunteering Support [ ]  |
| **Please give full details of request:** |  |
| **If your project requires Funding, please detail total monetary amount:** |  |
| **Additional attachments** **(Photos, Information sheets)** | Yes [ ] No [ ]  |
| **How will this request support the local community?**  |  |
| **Please describe the impact of any support given on:**  |
| * **Employability**
 |  |
| * **Skills**
 |  |
| * **Improving Life Chances**
 |  |
| * **Health and Well Being**
 |  |
| * **Aspiration and Inspiration**
 |  |
| * **Innovation and Enterprise**
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| **Approximately how many people will benefit from this support?** |  |

# community funding or volunteering

DECLARATION

I am authorised to make this request on behalf of the group and I certify that the information contained in this application Is correct.

I give Equans full permission to record the information in this form electronically and to contact the group by phone or email for any further information that may be required.

|  |
| --- |
| **Signature:** |
| **Print Name:** |
| **Date:** |

# iNTERNAL USE ONLY:

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| **Social Value Officer Comments:** |
| **Signature:** | **Date:** |
| **Print Name:** |  |

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| **Northwards Comments:** |
| **Signature:** | **Date:** |
| **Print Name:** |  |

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| **Director Comments:** |
| **Signature:** | **Date:** |
| **Print Name:** | **Approved:** Yes [ ]  No [ ]   |