

Community Chest Fund - Application Form

Please refer to the Guidance Notes (separate document) before completing this form.

| 1. Your organisation name and type | | |
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| 1. Your organisation name and type | | |
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| 2. Organisation's main or registered address, including postcode | | |
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| 3. Details of where the project is taking place | | |
| bi 20 miles of where the project is taking place | | |
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| 4. Tell us about your organisation and its main objectives | | |
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| 5. Project name |
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| 6. Tell us about your project (500 words) |
| 6. Tell us about your project (500 words) |
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| 7. Please tell us why this project is needed (500 words) |
| 7. Please tell us why this project is needed (500 words) |

| 8. What outcomes will your project achieve? (500 words) | | |
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| 9. Details of Social Housing Providers that are CHIC | | |
| your existence and activities (name of organisation, details). | name of contact, contact | |
| uetansj. | | |
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| 10. When do you enticipate that your project will st | ant and and? | |
| 10. When do you anticipate that your project will sta | art and end? | |
| Estimated start date: mm/yyyy Estimate | ed end date: mm/yyyy | |
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| 11. Project Cost Breakdown | | |
| Item/description | Cost (Net of VAT) | |
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| VAT* | | |
| VAT* Total project costs | | |

| 12. Other Fundi | ng Applica | tions for this Project | |
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| 13. Bank Details | 5 | | |
| В | ank Name | | |
| Ban | k Address | | |
| Acco | unt Name | | |
| | Sort Code | | |
| | t Number | | |
| 14. Details of main contact for your organisation | | | |
| Nai | me & Title | | |
| F | Position ll Address | | |
| ru | II Address | | |
| | Email | | |
| Landline & Mobile | | | |
| 15. Any other information to support your application Please include any additional information you think will help support your application | | | |
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| 16. How did you find out about the CHIP Community Chest Fund | | | |
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| 17. Declaration | | | |
| Name: | | | |
| Position: | | | |
| Signed: | | | |
| Date: | | | |