

APPLICATION FORM

Please complete and return to Elaine Nimmo, at the Group Chief Executives Office of Cunninghame Housing Association Ltd., Quayside Offices, Marina Quay, Dock Road, Ardrossan KA22 8DA. Tel No: 01294 606005 or e-mail: enimmo@chaltd.org.

Please note that only one application for funding will be considered by the Board of Management in any one financial year.

Organisation/Individual Name:	
Type of Organisation:	
Charity Registration Number (if applicable)	
Address	
	Postcode:
Telephone Number:	
Email:	

1.	Please provide details of your organisation
2.	Please provide details of what you are seeking funding for
3.	Please provide details of what the funding will be used for and a breakdown of
	the costs.
4.	Please give details of who will benefit from the funding and the direct benefits to
	the communities.

Please note our maximum funding for any project within a 12-month period is £1,000					
5.	How much funding are your requesting from Cunninghame Housing Association?				
6.	Have you already secured other fur	oding for this project?			
0.	Have you already secured other fur	iding for this project?			
	Yes □				
	No 🗆				
If yes	s, please provide details				
7.	Will your organisation/individual pr	oceed without our funding?			
	Yes □				
	No 🗆				
	110				
8.	How are you planning on raising the	e total amount needed?			
0.	Tiow are you planning on raising the	o total amount necaca:			
	Other grants				
	Donations □ Fundraising events(s) □				
	Other				
9.	What geographical area do you ope	erate within?			
	- What goographical area do you ope	rate within.			
	North Ayrshire East Ayrshire	Dumfries and Galloway Annan □ Gretna □ Lockerbie □ Eastriggs □			

to any of Cunninghame Housing Association's Board of Management or Staff?					
11. Is your organisation	on run by a valuntary committee?				
TI. IS your organisation	on run by a voluntary committee?				
Yes □					
No □					
If yes, please provide the	e names of the following people:				
Chairperson					
Vice Chairperson					
Secretary					
Treasurer					
FINANCIAL INFORMATIO	N				
12. Please provide the	e following information:				
Name of Bank:					
Name on Bank Account:					
Bank Account No:	Sortcode:				
Name of Authorised Sign	natories				

Please provide a copy of your last 3 months bank statement.

How did you find	out about Cunningh	ame Housing Association's funding app	olication?	
Facebook				
Website				
Newsletter				
Other				
If other, please pr	ovide details			
Signed:		Date:		
Checklist				
CHECKIIST				
Have you completed	all the questions on the	e form or if not applicable marked as n/a?		
Have you enclosed a	copy of last 3 months	bank statements?		
Have you signed and dated the application form?				
 What happens after you apply? You send us your application – we'll get back to you with a decision after the Board of Management has considered your application. During the process we look at your application and do our security checks. We might give you a call to talk a little more about your application or ask for more information. 				
• If your application is successful – we'll write to you with the good news and arrange for a cheque presentation. We will arrange for a press release with a photograph of the cheque presentation to share your good news. This will be shared on our website, social media and within local newspapers.				
• If your application is unsuccessful – we will write to you and advising same. You can submit a new application for consideration to the Association in the next financial year.				