

APPLICATION FORM

Please complete and return to Kirsteen Wyllie or 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 607572 or e-mail: kwyllie@chaltd.org or enimmo@chaltd.org. This form is also available on our website: www.cunninghame-housing.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.	Places provide details of what the funding will be used for and a breekdown of
J.	Please provide details of what the funding will be used for and a breakdown of the costs.
	the obstati
4.	Please give details of who will benefit from the funding and the direct benefits to
	the communities.
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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 funding for this project?			
0.	Trave you already secured other funding for this project:			
	Yes			
	No 🗆			
If yes	, please provide details			
7	Will and the state of the state			
7.	Will your organisation/individual proceed without our funding?			
	Yes			
	NI. 🗖			
	No 🗆			
0	How are you planning an reiging the total amount peeded?			
8.	How are you planning on raising the total amount needed?			
	Other grants \square			
	Donations \square Fundraising events(s) \square			
	Fundraising events(s) \square Other \square			
9.	What geographical area do you operate within?			
	North Ayrshire ☐ Annan ☐ Gretna ☐ Lockerbie ☐ Eastrigge ☐ ☐			

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

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

How did you find	out about Cunninghame Housing Association's funding app	olication?	
Facebook			
Website			
Newsletter			
Other			
If other, please pr	rovide details		
Signed:	Date:		
Checklist			
Have you completed	d all the questions on the form or if not applicable marked as n/a?		
Have you enclosed a	a copy of last 3 months bank statements?		
Have you signed and	d 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. 			
cheque prese	cation is successful – we'll write to you with the good news and a sentation. We will arrange for a press release with a photograph of to share your good news. This will be shared on our website, social newspapers.	the cheque	
	• 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.		