

Postal Code

### Social & Economic Development Enquiry Form

## **Organisation/Company Details**

Name Of Organisation	
Type of Organisation	
Please select	
Registered Company Number	
Registered Charity Number	
Registered Company Address	
Address Line 1	
Address Line 2	
City	State / Province / Region

# **Organisation/Company Contact Details**

Main Contact Name *		
irst	Last	
Phone		
:mail *		
Vebsite Address		
Organication/Com	pany Office Bearers	
Organisation/Com	party Office Bearers	
Chairperson		
First	Last	
Vice Chairperson		
First		
	Last	
Secretary	Last	
Secretary	Last	
<b>Secretary</b> First	Last	
First		
First		
First  Additional Office Bearer Name	Last	
First  Additional Office Bearer Name  First	Last	

Organisation/Company Description	
Organisation Details	
Please advise/outline details of your aim, objectives, services & client groups	
Total Number of board members	
The New hour of the ff and hour d	
Total Number of staff employed	
Total Number of Full-Time Staff	
Total Number of Part-Time Staff	
Total Number of volunteers	
Organisation/Company Income Details	
Total Annual Income	
Note: Trading income includes contracts & service level agreements	
Total Grants Income	
Total Grants medical	
Total Trading Income	
Other Trading Income	
- the first the	

# **Project Details** Please describe your project idea Please advise what your organisation proposes to do any why? How will this project assist your organisation to grow and develop Please indicate what type of assistance you require from CHA's Social & Economic Development Dept.

Project Outcomes	
Project Outcome 1 - Creation of new jobs	
	/
Please outline the contribution	
Project Outcome 2 - Increased sales/trading income	
Please outline the contribution	_/.
Project Outcome 3 - Increased turnover	
Project Outcome 3 - mcreased turnover	
Please outline the contribution	_//
Project Outcome 4 - Improved capacity to tender for public services contracts	
	/
Please outline the contribution	
Additional Project Outcomes	
Please detail any further outcomes which you expect your project to achieve.	
tease detail any fut their succession which you expect your project to delinere.	
Please use this section to provide any additional information in support of your application.	_///
rease use this section to provide any additional mismation in support of your application.	
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#### Certification

Name of Signatory *		
Position within organisation		
Date of form submission		

When returning this completed form via post please also include a copy of your Organisations Articles of Association and also your Organisation's Constitution.

Return Postal Address:

Cunninghame Housing Association Social & Economic Development Dept

Marina Quay Dock Road Ardrossan KA22 8 DA