

Safer Stronger Communities Partnership

FUNDING APPLICATION FORM

1. LOCATION OF PROJECT / ACTIVITY:	2.PERSON PROBLEM OR PLACE BEING ADDRESSED:
3. TYPE OF RISK POSED:	4. SSCP PRIORITIES BEING ADDRESSED: <ul style="list-style-type: none"> • Increasing Public Confidence • Supporting Vulnerable people (ASB, Hate Crime, DV) • Reducing Re-offending • Substance Misuse
5. AMOUNT REQUESTED: £	6.ESTIMATED START AND COMPLETION DATE: START: COMPLETION:
7. APPLICANT DETAILS:	
Name of Partner Organisation	
Name of Key Contact	
Contact Address	
Postcode	
Telephone	
Email	
TYPE OF ORGANISATION:	
REGISTERED CHARITY OR COMPANY No.	
VAT No.	

8. BANK ACCOUNT DETAILS

Bank Name

Bank Address

Bank Account Name

Bank Account No.

Bank Sort Code

9. PROJECT DETAIL

Include the overall purpose, aims, and how the project will reduce the risk being caused by the person, problem or place. This detail also needs to highlight the SSCP priorities being being targeted.

10. FINANCIAL INFORMATION:

Please complete the table on the next page, giving as much detail as possible on the costs and funding required for your project activity. Please also include funding / support already gained from elsewhere.

Project Costs: List anticipated items of expenditure below	£	
Expenditure		
TOTAL PROJECT COSTS		
Project Funding: List anticipated project income or grant funding and any contributions in kind.	£	Confirm status of funding eg: Secured/unconfirmed/ applied for etc
Income		
TOTAL PROJECT FUNDING (should equal total project costs)		

11. APPLICANT CERTIFICATION:

I am applying on behalf of my organisation to the Safer Stronger Communities Partnership. I confirm that the information supplied above is correct to the best of my knowledge.

SIGNATURE:

POSITION: **DATE:**.....

Please email completed application to:

Andrew Gough
Safer Communities
Community Safety and Health Promotion Team

andrew.gough@shropshire.gov.uk

01743 253984 / 07990085374

Public Health, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury SY2 6ND