

**Leading Lives Community Benefit Fund 2020**

**Application Form**

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| **Your name** |  |
| **Your organisation/ group** |  |
| **Address** |  |
| **Contact email** |  |
| **Telephone no.** |  |
| **Website address** |  |
| **Social media account handles** | **Facebook:**  **Twitter:**  **Instagram:** |
| **Please confirm what sort of organisation you are (e.g. an individual, group, social enterprise, charity etc.)** |  |
| **If you are a registered charity, please provide your charity number** |  |
| **Please confirm who will take responsibility for the project confirming any job titles / roles in the organisation / group** |  |
| **Please confirm the timescale for the project including any fixed parameters** |  |

1. Please tell us about the project you are seeking funding for, including expected outputs and anticipated outcomes for beneficiaries?

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| 200 words max. |

1. Please tell us about the services or supports your organisation or group provides?

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| 100 words max. |

1. Please tell us who will specifically benefit from the project and how many people this will impact?

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| 50 words max. |

1. Please confirm which geographical area(s) this project will cover?

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| 30 words max. |

1. Please confirm how much funding you seek and how this will be allocated? Please briefly outline how you will implement the project – e.g. what are the key stages / actions / activities?

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| 200 words max. |

1. Please confirm where any other sources of funding will come from and, if this project does involve a partnership approach, please identify partners and briefly describe how it will work?

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| 100 words max. |

1. Please confirm how you will publicise the project

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| 50 words |

Please return this application form to:

Sarah Laflin @ [sarah.laflin@leadinglives.org.uk](mailto:sarah.laflin@leadinglives.org.uk)

**A close up of a logo

Description automatically generated**Telephone: 07521 266607 / 01473 351629