

Please complete and tick all relevant boxes

Name of Voluntary Organisation:

Contact Name:

Role/Position in Organisation:

Contact Address:

.....

Tel. No: Fax No. (if applicable)

Email:

Date

For what do you require funding? _____

What type of Voluntary Organisation are you?

- Large National Body Headquarters of a National Network
- A Branch of a National Network A Local Organisation
- None of the above

Are you a Registered Charity? Yes No

(please ✓ where applicable)

What type of funding do you require?

Amount Required

- ◆ Running Costs £
- ◆ Project (one-off) costs * £
- ◆ Equipment £
- ◆ Building £
- ◆ Vehicle(s) £
- ◆ Publication(s) £
- ◆ Replacing statutory funding £

(* Project name))

Are you prepared to raise money in smaller amounts from a variety of sources?

Yes

No

If so, how little?

£

Is the project of local significance only?
(Please ✓ where applicable)

Yes

No

In which area will the project take place? _____

Is the piece of work you plan to do particularly innovative?

Yes

No

If so, why? _____

Does the planned work foster self-help or self-reliance?

Yes

No

What type(s) of people is your work for? (e.g. older people; women; disabled; socially/economically disadvantaged; from particular racial/ethnic groups; etc.)

Describe your work (e.g. counselling/advice; community centre; playgroup; victim support)

Please return the completed form to:

**Telford and Wrekin C.V.S., Meeting Point House, Southwater Square, Town Centre,
Telford, Shropshire. TF3 4HS**