

# North Ferriby Wind Farm Community Fund

## APPLICATION FORM

(Please refer to the Guidance document when completing this form.)

### Q1 Contact Details.

Name of group or organisation			
Main contact for this application			
Position held			
Contact Address			
Telephone Number(s)	Day	Evening	
	Mobile	E- Mail	
I grant consent to my name and that of my organisation being used in the newsletters, bulletins and published on the website of North Ferriby Parish Council			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Q2 Please tell us about your group/organisation

Type of organisation <i>Attach a copy of your set of rules or constitution</i>	
Affiliations to other bodies	
Registrations <i>Charity Number, VAT Number, etc (where applicable)</i>	
Date formed	

### Q3 What does your organisation do?

**Q4. Project information. (What do you want the money for?)**

Title:	
Describe the project and how it will be of benefit to the community of North Ferriby.	
Is this a new project?	
Project Start date	Project completion date
How will the project continue beyond the grant? (If applicable)	

**Q5 PROJECT COSTS. How much do you need and what will you spend it on?**

List all items for the project not just those for which you are seeking funding and provide three quotes for all items over £500

Item	Amount
<b>Advice Note: This total should equal the sum of Q6 and Q7</b>	<b>TOTAL</b>

**Q6 PROJECT INCOME** Please tell us about any money you have raised so far and about any other grants that you may have applied for. *Please attach evidence*

Funding provider	Item	Amount	Date applied/approved
Advice Note: This should equal total of Q5 less the amount requested in Q7		<b>Total</b>	

**Q7 How much money are you requesting from the North Ferriby Wind Farm Community Fund**

Advice Note: This should equal the total of Q5 less the total of Q6

<b>Total Amount</b>

**Q8 How will the project benefit the community? E.g. community, environment**

**Q9 Who will benefit from the project?**

**Q10 How do you know people require this project?**

**Q11 Where will the Project take place?**

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**Q12 Policies.** *Confirm if your organisation complies with the following*

	YES	NO	COMMENT
Equal Opportunities			
Data Protection			
Health Safety & Welfare at work			
Crime prevention (if applicable to your project)			
Child Protection (if applicable to your project)			
Public Liability Insurance			

**Q13 Signature and Declaration of main contact.**

I confirm that to the best of my knowledge and belief, all the information is true and correct. I understand that you may ask for additional information at any stage of the application process and that all necessary permission for the project has been obtained. I undertake to ensure that any grant awarded will be used for the sole purpose of the project and that if the project does not proceed as specified, all monies received from this fund will be repaid in full. I agree by signing below that the North Ferriby Parish Council may process my personal information as required.

Name (Block Capitals)		Position in organisation	
Signed		Date	

**Q14. Signature and Declaration of Referee**

I confirm that I know this group and its work. I have read this application and support this request for funding and I am suitably qualified to act as a referee for this project. I am willing to be contacted to discuss this application further.

Name of Referee \_\_\_\_\_

Contact Address \_\_\_\_\_

Name (Block Capitals)		Position	
Signature		Date	

**Q15 . Finally**, if there is anything else you would like to tell us about your application please use the box below and/or add additional pages

**Please send the completed application form along with any supporting material to:**

**Jo Haslope  
Clerk to North Ferriby Parish Council  
22 The Triangle.  
North Ferriby, HU14 3AT  
Telephone 01482-631822  
Email: [clerk@northferribyparishcouncil.gov.uk](mailto:clerk@northferribyparishcouncil.gov.uk)**

**IT IS RECOMMENDED THAT YOU KEEP COPIES OF EVERYTHING YOU SEND**