



FRIENDS OF BERRYCROFT

Application for Grant

Project Name

Date of application

Name and contact details for applicant

Please tell us about you or your group

Tell us about your proposed project.

Include details on how much funding you are requesting, what funding is for and how you propose to spend it, and a timetable for your project.

How do you know there is a need for your project? How will you prove that your project has had an impact for our community?

Why should Friends of Berrycroft support this project?
How does it meet the objectives of Friends of Berrycroft to provide grants for:
a) health related activities and interventions to enable people to live longer and healthier lives that are full and meaningful.
b) assisting in the provision of facilities and equipment at Berrycroft Community Health Centre?

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Do you plan to work with children or vulnerable adults?
If so, please include details of the procedures used to ensure they are kept safe from harm and how management ensure these are applied consistently.

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Do you have a Health & Safety at work policy?
Please add here a copy of your policy and details of training that you undertake

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Do you have Insurance for this project?
Please add a copy of your policy here

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Please confirm:
Any assets, intellectual property or other material of financial value created as a result of this project will not be disposed of at any point, without the prior written permission of the trustees and any proceeds will be used for an approved charitable purposes.

Delete as appropriate : YES/NO