



FUNDING ENQUIRY FORM

Please complete using black ink

This is an enquiry form to request a funding search for your project/activity.

Contact name:

Position in organisation:

Name of organisation:

Address:

Tele:

Town:

Fax:

County:

Email:

Postcode:

Web:

Which local N.I.H.E. district area does the organisation operate in? _____

Indicate the type of area where the organisation operates.

Urban Rural (please tick)

Do you employ any members of staff? Please state how many _____

Is the organisation a registered charity? (please tick) yes no

Does your organisation have Constitution?

Recent Accounts?

List of Office Bearers? (please tick)

Which of the following sectors below do you belong? (please tick)

Community Voluntary Statutory
 Private Sector Is an individual Other (Please state _____)



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Describe the project/programme for which you need funding (e.g. the type of project, length of time project will last, what equipment / resources are required)

Who will benefit from the proposed project?

- | | | |
|--|---|--|
| <input type="checkbox"/> Whole Community | <input type="checkbox"/> Disabled | <input type="checkbox"/> Disadvantaged |
| <input type="checkbox"/> Children / Young People | <input type="checkbox"/> Older People | <input type="checkbox"/> Ethnic Minorities |
| <input type="checkbox"/> Families | <input type="checkbox"/> Other (Please state _____) | |

How much will the project cost in total?

Approximate Cost: £

Total Project Value: £

Are the costs - **Capital** **or** **Revenue**
ie. one off purchases ie. ongoing running costs

If applicable, who has already been approached for funding?

Signed by: _____

Date: _____

Please return to: **Supporting Communities NI**
34-36 Henry Street
BALLYMENA BT42 3AH

Tele: 028 2564 5676
Fax: 028 2564 9729

Email: info@supportingcommunitiesni.org
Web: www.supportingcommunitiesni.org