



FUNDING FEEDBACK

Please complete using black ink

Please complete this form if you have successfully achieved funding as a result of S.C.N.I.'s funding advice. Please note: Groups who work with S.C.N.I. Liaison Officers should notify them directly

Contact name:

Position in organisation:

Name of organisation:

Address:

Tele:

Town:

Fax:

County:

Email:

Postcode:

Web:

Please provide details of project funding was obtained for. (Please tick)

- | | | | |
|---|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Childcare | <input type="checkbox"/> Health | <input type="checkbox"/> General |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Education | <input type="checkbox"/> Salaries | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Community Base | <input type="checkbox"/> Visits/Travel | <input type="checkbox"/> Youth | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Running Costs | <input type="checkbox"/> Others (please state) _____ | | |

Summary of Project:

Year of Application

Grant Amount
Requested

Grant Amount
Awarded

S.C.N.I. Liaison Officer (if applicable) _____

Funding Organisation/Trust: _____

Did you obtain Funding information from S.C.N.I.'s:

- Community Funding Bulletin
- Factsheet
- Funding Enquiry Service
- Other (please state) _____

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