

## SEHCO COMMUNITY ACTIVITY FUND APPLICATION FORM

<b>1. Name of Group:</b>		
<b>2. Name of contact:</b>		
<b>3. Contact Address:</b>		
	Postcode:	
<b>4. Contact details:</b>	Tel No:	
	Mobile:	
	E-mail:	
<b>5. What is the best time to contact you?</b>		
<b>6. If you have any communication needs, what are they?</b> Please tick as appropriate: Textphone <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Language <input type="checkbox"/> Other (please specify)		
<b>7. Does your group have a set of rules or a constitution?</b> (please tick as appropriate)	Yes <input type="checkbox"/> (please enclose with your application) No <input type="checkbox"/>	
<b>8. What does your group do?</b>		

<b>9. When did your group start?</b>	
<b>10. Number of Committee Members:</b>	<b>Number of Members:</b>
<b>11. Explain why you are applying for the community activity funding and how you will use it? (please include details about: where the activity will take place, who will benefit, who you have spoken to about the project and the people who are supporting it)</b>	
<b>12. When will the activity start and finish?</b>	

**13. What difference will the activity make to your local area and how will you show this?** (The objectives of the Community Activity Fund are listed at the beginning of this form - say how your activity will meet them. If we give you a grant we would like you to take photos of activities where possible and fill in a short evaluation form afterwards)

**14. Please give a breakdown on how much will be spent on different aspects of the activity?**

Insurance	
Equipment Hire	
Equipment Purchase	
Refreshments	
Publicity/Advertising/Stationery	
Room/Venue Hire	
Travel Costs	
Other( please specify below)	
<b>Total cost of activity</b>	
<b>SEHCO ACTIVITY GRANT REQUESTED</b>	



**Signatures:** (2 signatures of people authorised to sign on behalf of your group are required)

Signature	Name in Block Capitals	Position in Group

**Date:**

**Check List:**

Have you included the following documents(where applicable) with this application

Your groups rules or constitution	
Letter from the organisation who will receive the grant on your behalf	

Please return to:

SEHCO

C/o Create

First Wessex

Peninsular House

Wharf Road

Portsmouth

PO2 8HB

Any queries contact: 023 9289 6719