**25th Anniversary Event 2018**

**Funding Application Form**

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| 1. **General Information**
 |
| **Name of group/ charity** |  |
| **Charity Number (if applicable)**  |  |
| **Date established** |  |
| **Is this part of a larger organisation?** If yes, please provide name of organisation |  |

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| 1. **Your Event - Details**
 |
| **Name of event** |  |
| **Date of event:** |  | **Time of event:** |  |
| **Where will your event be held?** |  |
| **Please provide a summary of your event** |
|  |
| **How will your event benefit IHA customers in the local community?**  |
|  |
| **How many local people will benefit (approximately)?** |  |

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| 1. **Your Event - Costs**
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| **What is the total cost of your event?** |  |
| **How much money are you applying to Irvine Housing Association for? *(maximum £500)*** |  |
| **How will the money you are requesting be spent?** Please fill out details below: |
| **Breakdown of Costs** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

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| **Do you already have any funding in place or have you applied for grants elsewhere? *Yes/ No******If yes,*** please list below who you have applied to and for how much: |
| **Applied to** | **Sum Awaiting Approval** | **Sum Awarded** |
|  |  |  |
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|  |  |  |

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| 1. **Promotion of Event & Acknowledgement of Funding**
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| **Please tell us how you will promote your event to the local community** |
|  |
| **Please detail how Irvine Housing Association’s support for your event will be acknowledged** (i.e. through social media, leaflets, on the day etc.) |
|  |
| **Please tell us if you require any other support from us for your event** |
|  |

Any money granted from this fund must be used exclusively for charitable purposes. Any funds not deemed to be used for these purposes, or where adequate evidence of such use is not provided to Irvine Housing Association, must be repaid to Irvine Housing Association.

I confirm that I have read the Guidance Notes for Applicants that accompany this application.

I confirm that all information given is a true and accurate account.

I confirm that I am authorised by the organisation stated to submit this application.

Signed: Date:

Print name: Position:

Please return the completed application **by Sunday 9th September 2018**, to Lyndsay McLaughlan, Customer Involvement Officer:

lyndsay.mclaughlan@irvineha.co.uk

**Or return by post to:**

Lyndsay McLaughlan

Customer Involvement Officer

Irvine Housing Association

44-46 Bank Street

Irvine KA12 0LP

*If you have any questions about completing this form, please contact Lyndsay McLaughlan on 01294 316785 who will be able to assist.*

Irvine Housing Association

Registered Office: 44-46 Bank Street, Irvine, Ayrshire KA12 0LP

Registration No. 2459 R(S) and Registered with the Scottish Housing Regulator No. HAL 280

Registered Scottish Charity No. SC042251