

**FROME COMMUNITY LOTTERY GRANT APPLICATION FORM 2024**

**(closing date 28th March 2024)**﻿

| | **Organisation’s Name** | | | --- | --- | |  |  | | **Full Name of Contact Person** | | |  |  | | **Contact Person Email** | | |  |  | | **Contact Person Telephone** | | |  |  | | **Organisation’s Registered Address** | | |  |  | | **Organisation’s Registered Status** | | |  |  | | **If a Charity, please provide registered charity number** | | |  |  | | **Please briefly describe the aims and objectives of your organisation (max. 300 words)** | | |  |  | | **Please outline the organisational structure and size (employed and/or voluntary staff) of your organisation (max. 300 words)** | | |  |  | | **To be eligible for Frome Community Lottery funding your project must meet ALL of the following criteria.** | | |  | * The funding is to be spent to benefit all or part of the community in the designated geographical area of Frome and surrounds. * The funding is for capital expenditure (not general running costs, wages, consumables, maintenance, etc). * The funding is not for the exclusive benefit of an individual person, family or household. * The funding is for a specific purpose which improves an existing or develops a new community facility. * The project funded is not divisive or controversial in the local community. * The funding does not take the place of government or other statutory funding. | | **Describe the project for which you require funding (max. 800 words)** | | |  |  | | **How much have you raised so far (including pledges of money not yet actually received)?** | | |  |  | | **How much are you requesting for your project from the Frome Community Lottery and how have you arrived at this figure?** | | |  |  | | **Please give details of how else you are seeking funding for your project (max. 300 words)** | | |  |  | | **Please give details of how your project will impact the local community, and how you will measure this? (max. 300 words)** | | |  |  | |  | | | **Please sign to confirm you understand each of the following expectations of those who receive funding from Frome Community Lottery (FCL).** | | |  |  | | **I confirm that the information given in this application is accurate and that any funds awarded will be used for the purposes stated.** | | |  |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |