**1. Section 1 - Details**

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| **1.1 Project Details** | |
| **Organisation Name:** |  |
| **Charity No. or Companies House Registration No.** |  |
| **Project Title:** |  |

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| **1.2 Lead Contact Details** | | |
| **Name:** |  |  |
| **Email:** |  | |
| **Phone Number** |  | |
| **Job Title / Position in Organisation:** |  | |
| **Organisation Address:** |  | |
| **Address Line 1:** |  | |
| **Address Line 2:** |  | |
| **Address Line 3:** |  | |
| **Address Line 4:** |  | |
| **Town / City:** |  | |
| **Postcode:** |  | |

**2. Eligibility**

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| **2.1 Is your organisation a non-profit making organisation?   (that is, carrying out not-for-profit activities but is not a public or local authority)?**  **If your organisation is not a registered charity (CIC or CIO) will we may need to check your governing documents to assure ourselves that you are a non-profit making organisation.** |
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| **2.2 Please state the legal structure of your organisation** |
| A Charity registered on the charity commission website |
| A Corporate body – company limited by guarantee (registered at Companies House) |
| A Community Interest Company (registered at Companies House or CIC regulator) |
| A co-operative (we will need to see your govering documents) |
| An Independent Provident Society (we will need to see your governing documents |
| New Charitable Incorporated Organisation (CIO) |
| None of the above, but the organisation has a formal constitution (set of rules) or governing document which shows its objectives and management structure |
| Other please specify:- |

**3. Mandatory information**

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| **3.1 Please confirm your organisation has:** |
| Equal Opportunities Policy Statement Health and Safety Policy Statement Staffing Structure for Project | QUESTION\_ELEMENT\_TR\_END 001 |