

PART 3

Wigan & Leigh Housing - Community Involvement Fund

13

Have you received funding from this scheme in the past (this does not include general funding, minor grants funding, etc.) Yes No

If yes, please provide details

Application 1 Date Amount £

Application 2 Date Amount £

Application 3 Date Amount £

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Please tell us when your accounts were audited (if applicable)

Date

Who by

Please tick to confirm

I have read & understand the Guidelines I have read 'Your Questions Answered'

I have enclosed written estimates I have filled in all applicable sections

If you have any difficulties in completing this form please contact the Tenant Participation Team on freephone 0800 389 7652. If you require information from any groups that have held a successful project similar to this one, please contact the Tenant Participation Team.

Please remember that grant approvals must be in writing and that no expenditure whatsoever should be incurred or committed to before written approval is received.

For Office Use Only

Aims of the Project	Score Awarded
Number of people benefiting	
Specifically mentions hard to reach groups	
Innovative/creative project	
Promotes community spirit/involvement	
Educational or cultural project/event	
New application	
Match funding provided	
Funds in your account	
Total Point Score	
Amount Awarded	

Signature

Date

Director of Housing Management

Disclosure of information

Wigan Council and other partner agencies are working in partnership to promote a co-ordinated approach to the processing and award of grants to voluntary and community bodies. Information contained in this application or submitted in support of the application will be stored on a central database and will be available to all Departments of the Council and to other partner agencies.

The information will be used to facilitate the co-ordinated processing of applications, promote grant aid programmes, share information and network with the voluntary and community sector. Information relating to your organisation's name, contact person, contact telephone number, meeting place and your activities will be made available on the Internet.

Submitting this form indicates that your organisation consents to this sharing of information.

Please note that two signatures are required for the completion of the form. The first should be the person making the application and the second the Chairperson or any other member of the Management Committee.

I declare that the information given in this form and supporting documents is correct to the best of my knowledge.

1. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
2. Signed	<input type="text"/>	Print name	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>

Have you any communication needs ?

text phone sign language braille mini-com

This form can be made available in different ethnic languages or other formats. Please telephone 01942 776155 leaving your telephone number and language. We will then arrange for an interpreter to call you.

یہ فارم مختلف اقلیتی زبانوں اور صورتوں (فارمیٹس) میں درخواست کرنے پر فراہم کیا جاسکتا ہے۔ براہ مہربانی ٹیلی فون نمبر: 01942 776155 پر رابطہ قائم کر کے اپنا ٹیلی فون نمبر اور زبان کا نام چھوڑ دیں پھر ہم آپ کے ساتھ رابطہ قائم کرنے کے لئے مترجم کا انتظام کریں گے۔

Urdu

चिनती करवाची आ फोर्म अन्य अथनिक भाषाओ अने अन्य फोरमटोमा (शीतोधी) उपलब्ध करी शकशे। महेरभांनी करीने 01942 776155 उपर टेलीफोन करो अने तमारो नम्बर तथा भाषा जशाचो त्यार पळी ओक संतरलितर (दुभाषिया) तमारो सपक साधे ते माटेनी व्यवस्था असे करीशु।

Gujurati

這份表格可以提供不同語文或其他形式的版本。請致電 01942 776155 留下你的電話號碼和所需語文。我們便會安排一名傳譯員來與你聯絡。

Cantonese

بالإمكان توفير هذه لاستمارة عبد الطلب لبعات الجماعة السكانية مختلفة أو بالصيغ لأحرى رحو لإتصال بالهاتف على الرقم 01942 776155 واطركو رقم هاتفكم ولعنكم وسوف نقوم بمدد بترتيب لترحم شفوي لكي يتصل بكم

Arabic