



# Community Benefit Fund

## Buchanan Community Hydro Society

### Application for funding

Please read the **Fund Guidance** before completing this form. The Guidance explains how projects are assessed by the BCHS Panel.

#### 1. Applicant details

1.1 Name of organisation or group making the application:  
(e.g., name of your building, group or organisation)

Type of organisation:  
(e.g., registered charity/school/un-constituted community group)

Address:

Name of key contact:

Position:

Tel:

E-mail:

Website (if applicable):

1.2 Sum applied for:

Please provide your bank account details in the event that your application is successful (this must be a bank account held by the organisation rather than a personal bank account\*) -

Account Name:

Sort Code:

Account Number:

\*if you do not have an organisation bank account please see our guidance which sets out your options



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## 2. Project details

2.1 Tell us about your project - max 1000 words. Further space can be found at the end of this document. Please see Fund Guidance for eligibility and assessment criteria. Please focus on clear outcomes, community benefit, evidence of need, value for money, avoidance of duplication and community involvement. Please also state geographical area of benefit and project timescale.

2.2 Please provide any details of other funding agreed and/or expected. If relevant please also detail any other information (data, images, testimonials) which may be helpful to the BCHS Panel in relation to this application.



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## 3 Project costs.

Please give full details of the project expenditure. For items over £500 please attach 1 competitive quote or estimate to this application form. For items over £1000 please attach 2 competitive quotes or estimates to this application form.

Description of activity	Amount
<b>TOTAL COST</b>	

(add rows/activities as applicable)



## Community Benefit Fund

### 4 Declaration.

I confirm that the information given on this form is accurate & activity will be carried out in accordance with the instructions set out in the Fund Guidance. We agree to comply with conditions set out in the offer of grant and give permission to the BCHS panel to seek any further enquiries needed to further this application.

I am duly authorised to sign on behalf of the Organisation.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed application form to: [bchs.community@gmail.com](mailto:bchs.community@gmail.com)

Please feel free to use this optional space if there is anything else you wish to tell us about your application.