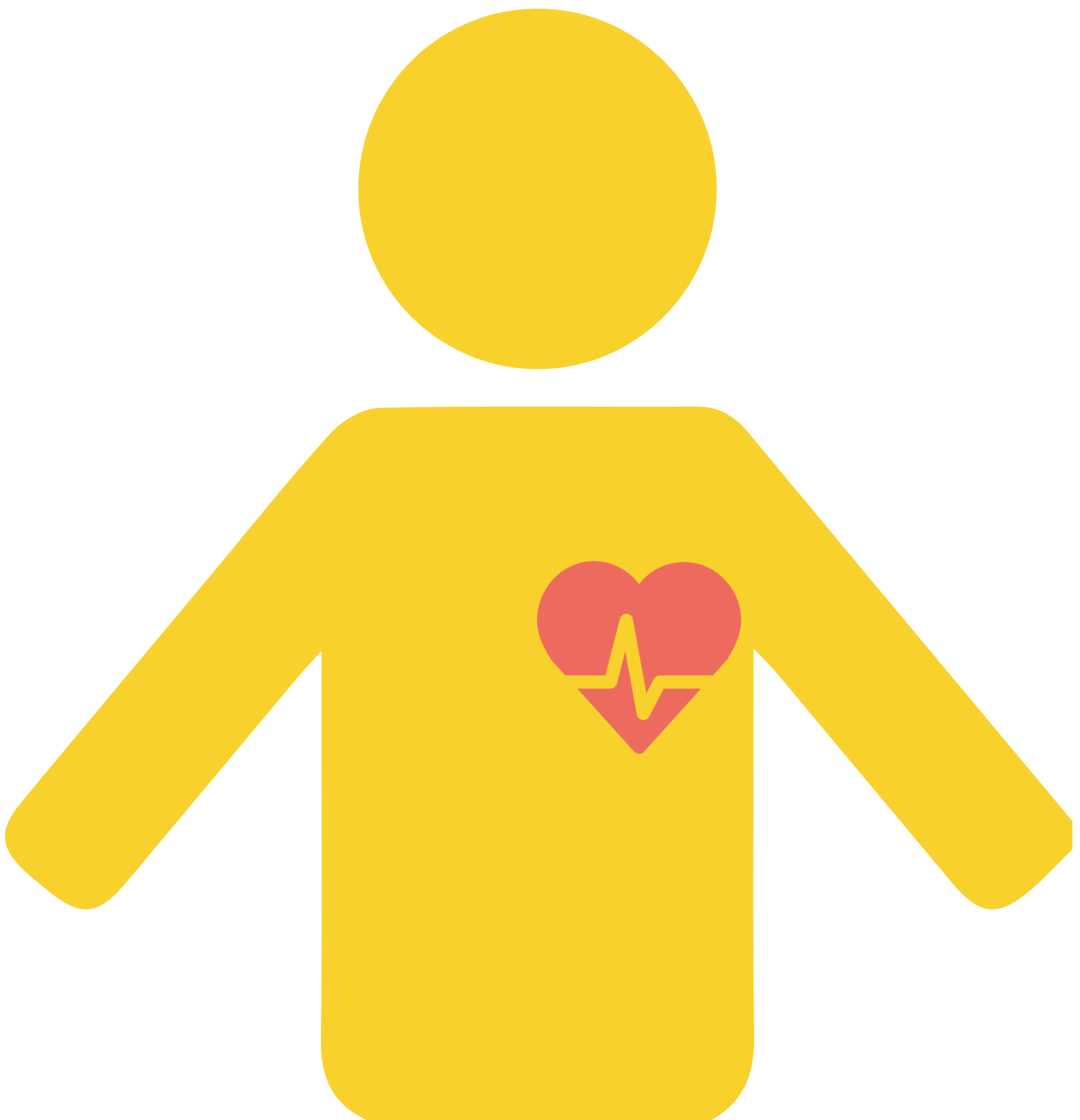


# APPLICATION FORM

It's All About Health



Thank you...

...for your interest in applying to the Gorbals Ideas Fund.

**Please use this checklist before submitting your application.**

1. You have read the application guidance.
2. You are available on Thursday 14 February 2019.
3. You have an Adult Sponsor if you need one.
4. You have a Local Sponsor if you need one.
5. You have enclosed your constitution & accounts.  
*(for formal groups & projects)*
6. You have completed each section of the application form.
7. You have signed the application form.

Please return your completed application by **FRIDAY 1 FEBRUARY** to Jo Speirs at New Gorbals Housing Association, 187 Crown Street, Glasgow, G5 9XT or email [johanna@newgorbalsha.org.uk](mailto:johanna@newgorbalsha.org.uk).

If you'd like to chat about your application call Jo on 0141 429 3900.

## WHO IS APPLYING

**Lead Applicant Name:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Are you applying as:** An individual  A non-constituted group   
A constituted group  *(Enclose your constitution & latest accounts)*

**Are you applying to:** YOUNG IDEAS  REGULAR IDEAS FUND

**When should we contact you?** Daytime  Evening  Weekend

## WHAT ARE YOU APPLYING FOR?

**Title of Project/Idea:** \_\_\_\_\_

**Is this a new Project/Idea?:** Yes  No  *If your idea isn't new it may not be eligible for funding*

**What aspect(s) of health does your idea cover?** *please tick all that apply.*

Physical Health  Mental Health  Emotional Health  Social Health

**Who will benefit from your idea?** *please tick all that apply.*

Whole Community  Families  Children & Young People

Women  Men  Older People

Disabled People  Carers  Unemployed People

New Scots  Minority Ethnic & Cultural Communities  Others Groups of People

**What is your idea?**

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**How will this benefit people, what difference will it make?**

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**How do you know there's a need for your Project/Idea?** *e.g. you have personal experience, you've identified a need through your work or by talking to people.*

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**What do you expect to happen as a result of your project?** *e.g. 20 older people will become more active in the evening and feel happier.*

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**How much money are you applying for?** \_\_\_\_\_

**Please provide a breakdown of how this money will be spent**

*e.g. £100 on venue hire, £50 for catering, £200 for equipment:*

**If you are under 18, please provide details of your Adult Sponsor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of Adult Sponsor:** \_\_\_\_\_

**If you don't live, or aren't currently based in the Gorbals, please provide details of your Local Sponsor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of Local Sponsor:** \_\_\_\_\_

**To be signed by lead applicant:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_