

Application Form

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| Name of applicant: |
| Name of organisation applying: |
| Address: (including postcode) |
| Telephone Number: |
| Email: |
| Charity number (if applicable): |
| How much is the total grant you are applying for? £\_\_\_\_\_\_\_\_\_(Max £1,500) |
| Please provide a brief description of your Community Cash Fund project: what you want to do and how you plan to achieve it in a maximum of 500 words. |
| Does your project contribute to one or more of the following;   * Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing * Everyone gets the health and social care support and information they need at the right time and place * Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life   Y or N  (circle answer) |
| Please let us know how you found out about our CCF (circle appropriate one)  Word of mouth  Poster  Facebook  Radio  Twitter  Website  E-Bulletin  Leaflet  Other (please state) |
| Please send your completed Community Cash Fund application by Friday 18th February 2019 to: [sarah.browne@healthwatchsurrey.co.uk](mailto:sarah.browne@healthwatchsurrey.co.uk)  Alternatively, please post your application to Sarah Browne, Healthwatch Surrey, GO9/G010, Old Millmead House, Guildford Surrey GU2 4BB before 18th February 2019. You can call enquiries on 0303 303 0023 or text 07592 787533 if you have any questions. |