**North Somerset Physical Activity Fund**

**Application Form**

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| **Q1. Organisation details** |
| Name of organisation\* | Click or tap here to enter text. |
| Address line 1\* | Click or tap here to enter text. |
| Address line 2 | Click or tap here to enter text. |
| City/Town\* | Click or tap here to enter text. |
| Postcode\* | Click or tap here to enter text. |
| Organisation telephone\* | Click or tap here to enter text. |
| Project lead name\* | Click or tap here to enter text. |
| Position in organisation\* | Click or tap here to enter text. |
| Email address\* | Click or tap here to enter text. |
| Telephone number\* | Click or tap here to enter text. |

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| **Q2 Project details** |
| Title of project\* | Click or tap here to enter text. |
| Address line 1\* | Click or tap here to enter text. |
| Address line 2 | Click or tap here to enter text. |
| City/Town\* | Click or tap here to enter text. |
| Post code\* | Click or tap here to enter text. |
| Please describe your project (maximum of 1,500 words)\* | Click or tap here to enter text. |
| When can you start work on your project?\* | Click or tap to enter a date. |
| What are the timescales for the project? \* | Click or tap to enter a date.To…Click or tap to enter a date. |
| Tell us about the people who will benefit from the project\**Please outline which inactive group/s you will target* | Click or tap here to enter text. |
| How does your project meet the outcomes of the action plan?Please identify the action of the strategy that this activity meets.  | Click or tap here to enter text. |
| Please tell us how this activity will continue following the end of this funding? Will it be sustainable? | Click or tap here to enter text. |

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| **Q3 Funding Details** |
| Total project cost\* | £Click or tap here to enter text. |
| Funding request amount\* | £Click or tap here to enter text. |
| Has the project secured partnership funding?\*If ticked ‘Yes’ please provide evidence(this is a not a pre-requisite) | Yes [ ] No [ ]  |
|  | *If ticked ‘Yes’ above, please complete the following section:* |
| Partnership funding amount | £Click or tap here to enter text. |
| Who will be providing partnership funding?\* | Click or tap here to enter text. |
| Address line 1\* | Click or tap here to enter text. |
| Address line 2 (optional) | Click or tap here to enter text. |
| City/Town\* | Click or tap here to enter text. |
| Post code\* | Click or tap here to enter text. |

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| **Q4 Declaration** |
| Signed\* | Click or tap here to enter text. |
| Position and organisation\* | Click or tap here to enter text. |
| Date\* | Click or tap to enter a date. |