



Small Grants Scheme Application Form

Project name	
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Organisational details

Your organisation's name:	
Address for correspondence	
Main contact name	
Telephone number(s):	
E-mail address:	
Fax number:	
Website:	

Brief description of your organisation (please provide in two or three sentences, an overview of your organisation)

Project description

1. Which area will your project be addressing? Please tick all that apply.

- Physical Activity or Sport**
- Mental Wellbeing**
- Healthy Eating**

2. Please provide a clear description of the project for which you are applying for funding.

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3. Who will benefit from the project and how?
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4. Approximate number of beneficiaries	
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5. How will the project be monitored and evaluated?
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Applicant Declaration

Signed: _____

(Authorised signatory of Organisation / Management Committee)

Name in Full	
Position	
Organisation	
Date	

Please return to:

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