###### Fermanagh Trust Help our Health Heroes Fund

**Application Form**

**Section 1: Contact details**

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| Name of Health and Social Care organisation, group or partnership | *(If the organisation has not yet been formally established, please describe the point you have reached and your plans to formalise it).* |
| Address |  |
| Contact Telephone/Mobile |  |
| Email |  |
| Organisation’s or groups website (if you have one) |  |
| Contact person for this application | Name:  Email:  Tel. No. |
| Name of person who completed this form | Name:  Email:  Tel. No. |

**Section 2: Information about the Organisation, Group, Partnership*.***

***2.1 Please tell us what the overall aims of your organisation are. What is it you are trying to do or achieve?***

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***2.2 Please tell us about your current activities.***

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***2.3* What is your organisation’s status? eg; charity, local group with constitution, church.**

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**Section 3: Your proposed project**

**3.1 Does your project have a name or title? If so, please tell us below.**

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**3.2 *Please tell us what Health and Social Care needs or opportunities have you identified, which your project is aimed to address or to take forward.***

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***3.3 Please tell us about the activities, services or facilities you are planning to provide and what you want to achieve with the help of the grant you are applying for.***

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***3.4 Please tell us who will be involved in (1) managing and (2) delivering the project. And how your project will operate and the period of time over which you expect it to run.***

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***3.5 What impact or outcomes are you hoping to achieve? How will you measure them?***

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**Section 4: Financial Information**

***4.1 What is the total budget of the project?***

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***4.2 Please tell us about all other sources of finance you have secured or applied for in relation to the project.***

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***4.3 How much funding is being requested from Fermanagh Trust, and for what part of the project?***

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**Section 5: Supporting documentation**

Please confirm you are forwarding a copy of the following documentation with your application. ***(Please tick each appropriate box.)***

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|  | Yes |
| A copy of the group’s constitution and rules *(if already established)* |  |
| Latest Annual Report (if available) |  |
| A copy of the group’s most recent audited accounts (if available ) |  |
| Details of any charitable status, if any. |  |

**This application has been made on behalf of the organisation, group or partnership described above, by:**

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

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

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

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

**Contact details for the Fermanagh Trust**

The Secretary, The Fermanagh Trust, Fermanagh House,   
Enniskillen, BT74 7HR, Tel: 028 66320210

or email: edel@fermanaghtrust.org