

**Fife See Hear Request for Funding**

**2019/2020**

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| **Funding has been made available from Scottish Government to drive forward the recommendations made within the See Hear Strategy. Please provide detail of proposals in line with the aims of See Hear within this form for consideration. Proposals should indicate consideration for visual and hearing loss, including or excluding either with explanation, to ensure we are progressing within the aims of the Strategy. Proposals should include information on match funding to widen the reach of impact.** |

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| **For office Use only**Project Reference: |  |
| Amount Approved: | £ |
| Funding Awards up to £5000 | Date Approved at Ward Meeting | Date if Delegated Approval  |
| Funding Awards over £5000 | Date approved at Area Committee |  |
| Signed | Locality SupportTeam Leader: | Date: |

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| **1.** | What is the title of your project? |
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| **2.** | What is your organisation’s name and address? |
|  | Name |  |
|  | Address | This address will be used for any correspondence |
| **3.** | Who is the main contact for this application? |
|  | Name |  |
|  | Position in Organisation |  |
|  | Address (if different from above) |  |
|  | Contact Telephone Number |  |
|  | Email address |  |

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| **4.** | What project or activities do you want us to fund? (Max. 250 words) Please be specific about:* What you will do
* How you will do it
* What you will spend the monies on
* What recommendation does it meet within the See Hear Strategy
* How did you determine this was a need within Fife Council
* Consideration given to both visual and hearing loss
* How you plan to monitor and provide feedback on the projects outcome.

Please refer to the recommendation within the See Hear Strategy listed on page 5 |
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| **5.** | When will your project or activities take place? |
|  | Start Date(Month and Year) |  | End Date(Month and Year) |  |
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| **6.** | How much will your total project or activities cost? |
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| **7.** | Breakdown of costing?*Include all costs connected to running the project.* |
|  | **Item or Activity** | **Cost(£)** |
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|  | **Total** |  |
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| **8.** | How much are you requesting from the Sensory Impairment Sub Group allocation? |
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| **9.** | How much will your Service or organisation contribute to the project/these activities?  |
| **10.** | **To be completed by Voluntary and Community Organisations only** |
| 10.1 | Please provide details of the bank account into which we would pay the money |
|  | Name of Bank |  |
|  |  |  |
|  | Account Name |  |
|  |  |  |
|  | Sort Code |  | Account No. |  |
|  | Building Society Roll Ref.  |  |
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| **11.** | **To be completed by Public Bodies only** |
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| 11.1 | Name of Public Body or if Fife Council please also state your Service |
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| 11.2 | If Fife Council please provide details of full financial code (36 digits) or if other Public Body please provide bank details to pay money |
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| **Signed: Date:**  |