Main Project Contact Person	Contact Person 2 (if required)
Address	Address
Telephone	Telephone
Email	Email
Signature	Signature

## How we use your information

In the interest of data projection Fife Health and Social Care Partnership will only use your contact details to keep in touch with you about your project.

For more information visit www.fife.gov.uk/privacy/smallsparks

A panel of people who live or work in your area will meet monthly to consider applications. The Project Officer will be in touch with you to let you know if your application has been successful.

## Post or email your complete application form to:

Geraldine Goldie, Project Officer, Fife Health & Social Care Partnership, 6<sup>th</sup> Floor, Fife House, Glenrothes, Fife, KY7 5LT

Geraldine.Goldie@fife.gov.uk







## **SMALL SPARKS PROJECT APPLICATION FORM**





**A Catchy Name**: A catchy name will get people interested. What name have you chosen for your project?



**Project Idea**: Tell us about your project, where it will take place and when it will begin.



**Involving people:** How do you plan to get local people involved in your project?

Fife Health and Social Care Partnership A partnership between Fife Council and NHS Fife www.fifehealthandsocialcare.org





## Who will benefit from your project?

How many people do you hope will be involved?



**Community Benefit**: What benefits will your project bring to the people involved and the wider community?



**Your Contribution:** What contribution will the organisers make to the project? For example, volunteer time, use of equipment or premises, donated goods or services?



**Money:** How much money will you need to get your project off the ground (you can request between £50 and £500)? Please detail what the money will be used for?



How do you plan to keep your project running in the future?

What will you need to make this happen?

YES! We are happy to come along to a Small Sparks Celebration Event to share our stories and successes.