# Mid Sussex Partnership Project Form

## General Information

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| **Name of Organisation**  |  |
| **Address**  |  |
| **Website** |  |
| **Main Contact****(Name and position)**  |  |
| **Contact Address** **(if different to above)** |  | **Telephone** |  |
| **E. mail**  |  |
| **Briefly describe the activities/services provided by your organisation** |  |
| **Organisation type, e.g. unincorporated group, registered charity, CIO, CIC, company limited by guarantee, town or parish council, other (specify)** |
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| **ABOUT YOUR PROJECT**What project or activities will take place with MSDC’s funding?  |
|   |
| When will it take place? |
| Start date: | End date:  |
| Who will benefit? |
| How many people will benefit from this project?What approximate percentage of these people, live in Mid Sussex?  |
| What outcomes will be achieved as a result of the project?  |
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| How will you monitor and evaluate the success of the project?  |
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| Please provide a breakdown of project costs |
| Item/Activity | Total cost | Amount requested from MSDC |
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|  |  |  |
|  |  |  |
| Total | £ | £ |

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| What funding if any is being provided from other organisations, and from whom?  |
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| Please provide your bank account details  |
| Account name: |
| Bank account number: |
| Sort code: |
| Bank/building society name and address: |

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| Please confirm (✓) that your organisation has certified copies of the following: |
| Constitution/memorandum and articles |  |
| Equalities policy |  |
| Safeguarding policy (including a statement of your DBS checking process) |  |
| Health and Safety Policy |  |
| Public Liability Insurance |  |
| Confidentiality policy or statement |  |
| Complaint and dispute resolution policy |  |

Mid Sussex District Council may ask for copies of any of these documents during the course of the project.

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| Signature of main contact |
| I confirm that, to the best of my knowledge and belief, all the information on this form is true and correct. I understand that you may ask for additional information at any stage of the project.Signed……………………………………………………………………………………………….Date:………………………………………………………………………………………………… |

Please return this form to:

**Address:** Oaklands, Oaklands Road, Haywards Heath, West Sussex, RH16 1SS
**E. mail:** rebecca.hair@midsussex.gov.uk
**Telephone:** 01444 477204