

Mid Sussex Partnership Project Form

General Information

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)			

ABOUT YOUR PROJECT

What project or activities will take place with MSDC's funding?

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When will it take place?

Start date:

End date:

Who will benefit?

How many people will benefit from this project?

Please provide your bank account details	
Account name:	
Bank account number:	
Sort code:	
Bank/building society name and address:	

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.

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