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. unin	corporated group, registo	ered charity. CIO. C	IC. company limited by	
guarantee, town or parish o		erea chartey, cro, c	ic, company infined by	
Samuel Company				
ABOUT YOUR PROJECT What project or activities will take place with MSDC's funding?				
When will it take place?				
Start date:	End da	ite:		
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 nr	rainet?		
What outcomes will be achieved as a result of the project?				
How will you monitor ar	nd evaluate the success of the	e project?		
Please provide a breakd	own of project costs			
Item/Activity	Total cost	Amount requested from MSDC		
Total	£	f		
What funding if any is b	eing provided from other org	ganisations, and from whom?		
Wilde Idilania a,	cing provided from the same	amoutions, and from the		

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				
Doto				
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