

QLG Necessitous Circumstances Project Application Form

Organisation:

Primary contact:

First Name:	<input type="text"/>	Surname:	<input type="text"/>
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Primary contact email:

Primary contact mobile:

Project name:

Location of project:

Street Address

City

Postcode

Purpose of the project:

Who is this project intended to help?

Eligibility criteria:

Outline the criteria you will use to determine fund recipients

Funds application process for your project:

Outline your application process and how you will determine to whom the funds will be distributed

Will funds collected by your project be distributed to another registered charity provider?

Yes

No

If yes, please list the charity provider organisation name:

Charity provider phone number:

Charity provider email:

Expected project start date

Expected project end date

Project duration

FOR OFFICE USE ONLY:

Received by: Date: / /

APPROVED

PENDING

Forwarded to QLG (date): / /