**SWAP APPLICATION FORM**

**Please note that if you need assistance with filling in this application form, feel free to contact a member of staff.**

**Section 1 – About You**

|  |
| --- |
| Name of the applicant |

Is this an application for:

|  |
| --- |
| Young person / adult / community group |

(please delete categories not applicable)

|  |
| --- |
| Contact details |

**Section 2 – About Your Project**

Tell us why there is a need for this project

|  |
| --- |
|  |

Tell us exactly what your project will do (we do not want cost details at this point)

|  |
| --- |
|  |

How will your project benefit Shapinsay?

|  |
| --- |
|  |

When do you want to start the project?

|  |
| --- |
|  |

When will your project finish?

|  |
| --- |
|  |

**Section 3 – Project finances**

Overall cost of your project

|  |  |  |
| --- | --- | --- |
| ITEM | DETAILS | COST £ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL |  |  |

What do you want SDT to fund and what is being funded from elsewhere?

|  |  |  |
| --- | --- | --- |
| ITEM | SDT FUNDING £ | OTHER FUNDING £ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL | £ | £ |

**Section 4 - Declaration**

I declare that the information supplied in this application is true and complete as of the date below.

I understand that I will have to supply proof of purchase/expenditure to SDT through the provision of receipts ***within 14 days*** of completing the activity/spending the money, and that if I cannot provide this proof I will have to repay that part of the grant.

Signed …………………………. Name in block letters …………………..

Date …………………….

**Section 4 – Your Bank Details**

Please provide: