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**SAFER STREETS FUND APPLICATION FORM – GLANYMOR 4 & TYISHA 3**

**Summary information**

|  |  |
| --- | --- |
| **Name of lead organisation:** |  |
| **Total funding requested:** | £ |
| **Project timeframe (implementation to completion)** |  |

**Organisation details and project summary**

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| --- |
| **Project title** |
|  |

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| **Project summary -** *Please provide a brief summary / description of the proposed activity and what outcomes you aim to deliver.*  *(no more than 200 words)* |
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| **How will your project meet the priorities set out for the Safer Streets Fund project and its objectives to target acquisitive crime (please see guidelines for reference)?** *(no more than 400 words)* |
|  |

**Funding Required**

|  |  |  |
| --- | --- | --- |
| **3.1 – Funding requested for 2020/2021 only** | | |
| Total requested: | **£** | |
| **Activity** | **Cost** | **Revenue/Capital** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **Total** | **£** |  |

|  |
| --- |
| **Please provide a delivery plan setting out the dates for the delivery of the project (please note all expenditure muct be** |
|  |

**Sign off**

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| *Please confirm that this project is signed off by your Chief Executive, Chief Officer or Chief Finance Officer.*  Lead Organisation signature:  .……………………………………………………………………………………………………………………… |

**Contact Details**

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| --- |
| **7.1 – Lead Organisation details** |
| Name:  Phone:  Email: |

**Must be completed before submitting the grant -**

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| --- | --- |
| Bank name: |  |
| Branch name: |  |
| Sort code: |  |
| Account name: |  |
| Account number: |  |
| Address: |  |
| Post code: |  |