

 

Winter Pressures Fund

 Application form

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| --- | --- |
| Organisation name |  |
| Contact Name |  |
| Contact email address |  |

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| **Please provide an overview of the proposed activity**. To include:* Clear description of the project activities with a brief timeline
* Who the funding will ultimately benefit
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| Please select the priorities this activity will directly contribute towards |
| Mental health |  |
| Physical health |  |
| Fuel poverty |  |
| Community transport |  |
| Food security |  |
| Other (please describe) |  |

|  |  |
| --- | --- |
| Approximate number of volunteers contributing to the funded activities | Approximate number of beneficiaries of the funded activities |
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| Amount Requested - Please provide information on what will be paid for with the funding |
| Description | Cost |
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| TOTAL (right click on number, update field - to update total) | £ 0.00 |