Application for Small Community Funding 2025/26



Who can apply?

The organisation must be a voluntary, community, faith sector group operating within Chorley.

The organisation must have a group bank account – individuals cannot apply

The organisation must be a registered member of **Chorley Together**

Type of projects that we will be funded

The fund aims to enhance the life of people in Chorley and support better outcomes for our residents. Funding will particular look to enable groups to react to the current Cost of Living challenges that our communities are experiencing and help provide services that support our most vulnerable during this time. Funding awarded must be used by March 2026, and confirmation of the spend and outcomes will need to be provided. Please complete all sections below

| PLEASE ENSURE | ALL FIELDS | ARE COMPL | _ETED | | | | | |
|--|------------|-----------|-------------------|--------------|--|--|--|--|
| Name of Organisation | | | | | | | | |
| Contact Name and | Position | | | | | | | |
| Contact Address | | | | | | | | |
| | | | | | | | | |
| Telephone No | | | Email | | | | | |
| Amount of Funding requested £ | | | up to a maximum o | of £750 | | | | |
| BANK DETAILS FOR BACS PAYMENT | | | | | | | | |
| Name of Bank | | | | Account Name | | | | |
| Sort Code | | | | Account No | | | | |
| Building society reference number (if applicable) | | | | | | | | |
| TO BE COMPLETED BY THE ORGANISATION APPLYING FOR FUNDING 1. Please provide a brief description of your group/organisation | | | | | | | | |
| | | | | | | | | |





| _ | then it will start/end, how many people will be involved, ve | | |
|------------------------------|---|-----------|------------------------------|
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| 3. How will your project | enhance the life of people in Chorley | | |
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| | | | |
| . 5. | | | |
| 4. Please provide a com | prehensive breakdown of how this funding will be used | d | |
| | | | |
| | | | |
| | | | |
| 5. Please tick which of t | he funding priorities your project aims to achieve | | |
| | nities for early years activities for families/children | | |
| | | | |
| Provide opportu | nities that help encourage residents to be more active | | |
| Provide opportu | nities for residents to take pride in their community | | |
| Provide upskillir | g/education opportunities | | |
| Provide peer su | oport opportunities for those experiencing difficulties | | |
| Provide opportu | nities to addresses social isolation | | |
| Provide support | for those experiencing financial hardship | | |
| Please provide details o | f how your project achieves the priorities chosen above | е | |
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| the funding will be used for | to the best of my knowledge the information I have provide r the purpose stated on this form. The organisation confirms Chorley Council concerning the use of, and benefits derived | that they | will provide any information |
| Signature of applicant: | | | |
| 2 | | Date: | |