

notes

Use someone who has a very good understanding of your application, but who is not part of the applying body (e.g. community dietitian, health promotion specialist, local councillor, community worker).

References for all applications that are recommended for an award will be followed up.

6 Referee

Name of referee _____

Position _____

Address _____

Tel _____ **Email** _____

Referee's signature _____

notes

Give your aims and objectives here. Concentrate on **why** you are undertaking this piece of work, **what** barriers you hope to tackle, **how** you are going to tackle them, **who** would benefit and **how** you plan to monitor and evaluate your activities.

Bullet point notes are acceptable.

This section should expand upon, but not repeat, section 2 (Outline).

7 Purpose

Purpose and description of your proposed work _____

continue over the page if necessary

notes

Please continue on a single A4 sheet (one side only), if you need to, and attach securely.

Is an additional sheet attached? Yes No

notes

For example, annual reports, strategy documents, feasibility studies, evaluations, and any other materials that relate to your group or application.

8 Further information

What other information do you have available?

Please list here (**but do not enclose**) _____

notes

Contact person's signature.

9 Signature

Signed _____

Date _____



Please return to: Small Grants Scheme

community food and health (scotland)

Scottish Consumer Council, Royal Exchange House

100 Queen Street, Glasgow G1 3DN

Tel: 0141 226 5261 Fax: 0141 221 0731

Closing date: _____

This form is also available in large print, as a PDF file, and as a Word document from www.communityfoodandhealth.org.uk or the above address.

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healthy living