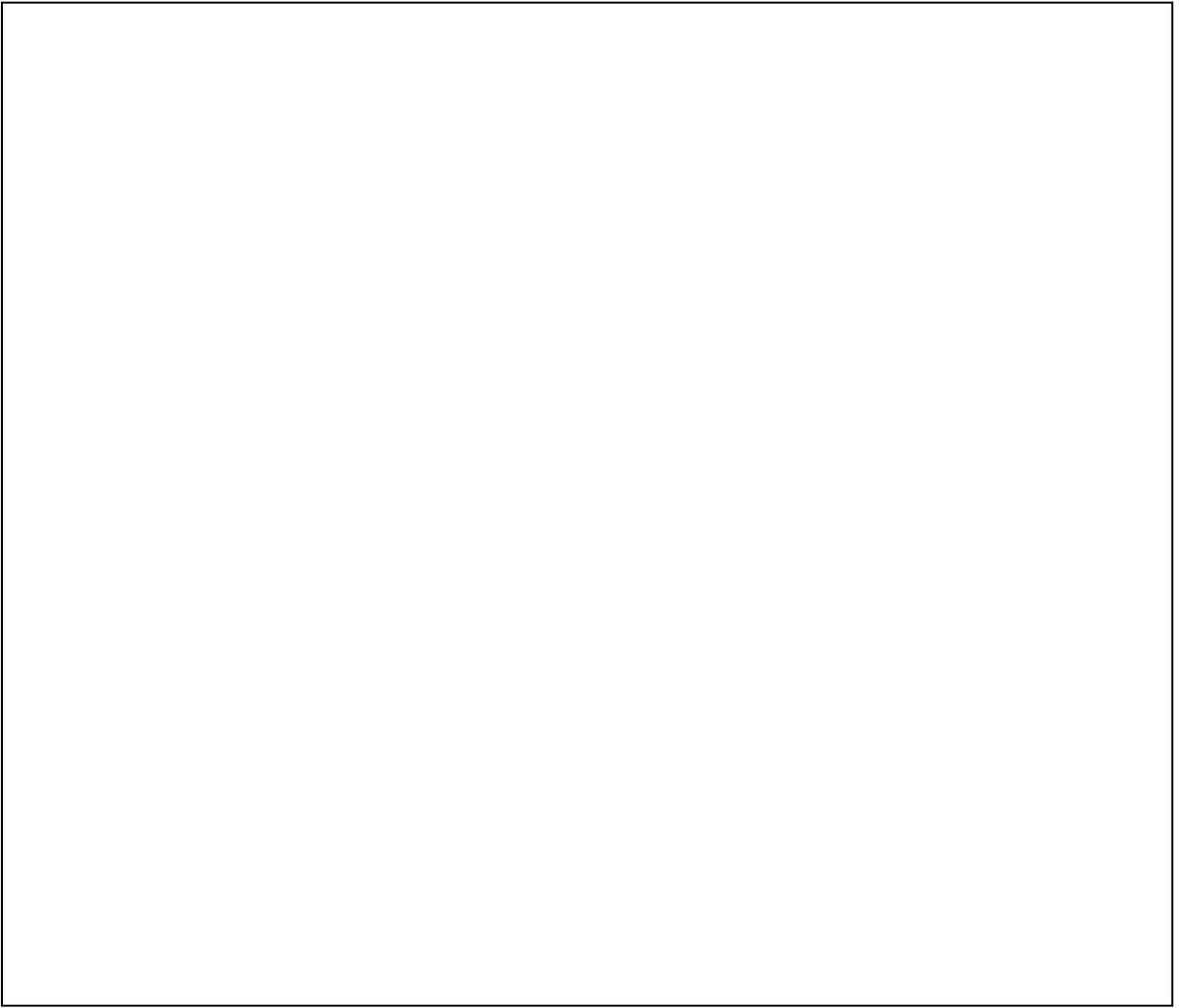




CITY OF GLASGOW COLLEGE FOUNDATION

Grant Request Application Form

City of Glasgow College Foundation (“the Foundation”) Sutherland House, 149 St Vincent Street, Glasgow G2 3NW Scottish Charity Number SC044620		
Application Date:		
Applicant:		
Project/Funding Title:		
Contact Person:		
Contact Details:		
Authorised Signatory:	Signature	Title
This section to be completed for new projects seeking funding		
Summary of project: This box should only contain a summary of the information included on this form. No new information should be included in this box.		
How does the project meet the charitable objectives of the Foundation? Please set out details of the objectives of the project and how these fit with the charitable objects of the Foundation.		
Projected outcome/ impact and key milestones Please include details of the anticipated timeline of the project and the phases into which it is broken, what will be established by the project (ie what is being built or created) and how the overall impact will affect the operation of the college. Please set out how the project’s success will be measured. Please also provide information about what reporting will be made available to the Foundation.		



Estimated total project cost: (inc. full breakdown of estimated costs e.g. employee costs/property costs/supply & services)	Please also ensure that details of any contingencies that have been included are made clear.
Amount of funding requested:	
Amount of funds requested from elsewhere and the sources of that possible funding:	
Details of the payment profile (when are the payment(s) required):	
Risk Assessment Details: (copy to supplied)	
Additional supporting information:	
This section to be completed for supplementary funding for a previously approved project	
Additional funding requested including dates required:	£
Reason for supplementary funding:	

To be completed City of Glasgow College Foundation:

Additional information for Grant Applications		
Amount of Grant approved:	£	
Approved by Board or Delegated Authority:	Date:	Contact:
Additional Information if necessary:		
Funds Released (completed by Foundation Administration)	Date:	Contact: