

**South East LEP ESF Community Grants**

**Partner Details Form**

**Round 1**

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|  |  |
| --- | --- |
| **About your organisation** | |
|  |  |
| Organisation name |  |
| What type of organisation are you? (Tick all that apply). | |

|  |  |  |  |
| --- | --- | --- | --- |
| Registered charity |  | For profit |  |
| Community group |  | CiC |  |
| Other |  |  |  |

If you ticked ‘Other’, please detail below:

|  |  |
| --- | --- |
|  | |
|  | |
| How many people are involved in running your organisation | |
| Trustees/Management Committee |  |
| Volunteers |  |
| Paid staff (full time equivalent) |  |

|  |  |
| --- | --- |
| Registered charity number |  |
| Company number |  |

Please tell us about your organisation and its experience in delivering this kind of work (Up to 250 words)