

**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)