

Moondance Application Form

Name of organisation	
Type of organisation	<input type="checkbox"/> Charity <input type="checkbox"/> CIC <input type="checkbox"/> CIO <input type="checkbox"/> Constituted Group <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other – please give details
Registered numbers	
Website	
Social Media Eg X, Facebook, Instagram	
Address	
City	
Postcode	
County	
Country	
Purpose/ activities of organisation	
Provide a summary of the main purpose and activities of your organisation (limit 100 words)	
Please select one classification We understand you may cover a number of areas, but please select the main one relevant to this application.	<input type="checkbox"/> Arts & Culture <input type="checkbox"/> Children & young people <input type="checkbox"/> Community development and participation <input type="checkbox"/> Education, training and employment <input type="checkbox"/> Environment/conservation <input type="checkbox"/> Health – relief & support of illness/sickness <input type="checkbox"/> International development and humanitarian aid <input type="checkbox"/> Older people <input type="checkbox"/> Prevention & relief of poverty <input type="checkbox"/> Safety (including, but not limited to, domestic violence, sexual abuse, modern slavery) <input type="checkbox"/> Other
If Other - please provide details	
FINANCES	
What is your organisation's annual income?	
What is your organisation's annual expenditure?	
What is the current level of unrestricted reserves?	
What are your free reserves?	

Free reserves are unrestricted funds less unrestricted assets.	
Do you have any designated funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details.	
Have you previously received funds from The Moondance Foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which year(s) did you received funding and how much?	
STAFF AND VOLUNTEERS	
Please provide numbers of staff and volunteers	
Full-time staff	
Part-time staff	
Volunteers	
Trustees/Directors	
MAIN CONTACT	
Name	
Position	
Contact Email	
Contact telephone number	
FUNDING REQUEST	
Amount of money requested	
Please include a breakdown of the money requested (above) and the duration covered.	
Start date	
Duration of activity	
The project is working in?	
Summary of application	
Please provide details, in no more than 500 words, of how you want to use the money - including the need, the activities and geographical location.	
Expected Outcomes	
How did you hear about The Moondance Foundation?	<input type="checkbox"/> Internet Search <input type="checkbox"/> Previous applicant <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other
If other, please give details	