Community Food & Growing Fund 2025-26
Application Form

Please note that the boxes will expand to provide an adequate amount of space to insert information, but size restrictions have been applied.

Information on your organisation.

1. Name, address and contact details of the organisation applying for funding					
Name of Organisation:					
Address:					
Post Code:		Telephone:		Email:	

2. Details of contact person for the Organisation			
Title:		Name :	
Position in organisation:			
If this person has specific communication needs, please provide details:			

3. What are the main aims and activities of your organisation?

Your application for funding

4. Please give your Application Form a title.

5. Which of the Glasgow City Food Plan Themes does your project come meet?

Community Food ☐	Food Poverty-Fair Food for All ☐
Children & Young People ☐	Food & the Environment ☐
Food Economy ☐	Food Procurement & Catering ☐

6. Please describe your proposal.

7. Who in the local community will benefit from this project, and how?

Finance

8. Please provide the following financial information on your proposal.

(a) Amount requested:	
(b) Any other funding you have secured:	
(c) Total Cost of the Proposal:	

9. If you have secured or requested any other funding for your proposal, please provide details below.

Funder	Amount	Confirmed or pending

10. Please provide a breakdown of the expenditure to be incurred on this proposal.

Item to be purchased or activity to be supported	Cost

	£
	£
	£
Total cost of proposal:	

Governance

11. Does the organisation have a bank account with at least 2 unrelated signatories?

Yes ☐ No ☐

Terms and Conditions

The information set out in this Application Form, any appendices and any enclosed accompanying documents are correct.
If a grant is awarded based on this Application Form, the funds will be used according to the purposes of this proposal and within the timeframe outlined in the application guidance document.
The organisation will comply with any monitoring and evaluation requirements as required.
I confirm that it is not necessary to secure match funding. If the grant is for equipment, it is the responsibility of the applicants to have adequate insurance cover and security.
Money should not be spent until the funding is secured.
Please tick the box to confirm that your Application Form is eligible ☐
I have read and agree with the above Terms and Conditions **Signed:** **Print name:** **Designation:** **Date:**
(Please note: this form must be signed by an Office Bearer e.g. Chairperson, treasurer, secretary).

Please return your application to ggc.northeasthealthimprovementteam.admin@nhs.scot by **Monday 5th of January 2026.**