

Fair Chance Fund

**Final Application Form - Cover Sheet**

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| **Name of Bid:** (e.g consortium name if applicable) |
| **Total Value of Bid:** (see Financial Schedule for figure- Sheet 1, Cell C14) |
| **Lead Provider:** (this must be a provider who was successful at EOI stage) |
| **Organisation leading Bid:** (may be the leading provider or other organisation) |
| **Lead organisation contact:** Job title, address & contact details (including e-mail address and telephone number): |
| **Other providers/ delivery partners:** (if applicable) |
| **Investors:** (if applicable) |
| **Local Authorities:** |

**Completed forms to be submitted by 10am 1st September 2014 to:** ***FairChanceFund@communities.gsi.gov.uk***