

APPLICATION

Grant for organisation activities supporting health, wellbeing and participation

Note! Mandatory information is marked with *

Received by Registry Office (to be filled in by Registry Office)

Applicant.

Application filled in by

First name	Last name
Telephone*	Email address*

Organisation

Organisation name*	Business ID or registration number*	
Street address*		
Postal code*	City/town*	
Bank account number (IBAN)*		
Year of registration*	Domicile*	Number of members*
Chairperson's name		
Telephone number*	Email address*	
Treasurer's name		
Telephone number*	Email address*	

Grant-related information

Amount for which you are applying, EUR
Organisation grants are targeted at the following themes. Select the themes related to your activities. promoting people's participation and functional capacity reducing loneliness and social exclusion reducing inequalities in wellbeing and health between population groups increasing peer support and voluntary activities open to all and based on a low-threshold principle
Describe the target group of your activities
Estimate of how many people will be reached through the supported activities

Objectives of the activities (1–3)

Objective 1

Objective 2

Objective 3

What kind of activities will be organised with the grant? (What, where, by whom?)

How will the activities promote the participants' health, wellbeing or participation? Why are these activities needed?

Estimated breakdown of grant use

Staff costs, €

Rental costs (incl. electricity, water, cleaning), €

Operating expenses, €

Purchased services, €

Other, €

Total costs in 2025, €

Other grants received and/or sought for the same operating year

Grant awarded by

Amount applied for (EUR)

Amount awarded

Intended use of the grant

Monitoring, cooperation and communication

Describe how your organisation monitors and assesses its activities.

Name your partner organisations and other important collaborators.

How do you cooperate with them?

What kind of cooperation would you like to have with the City of Espoo?

How and where do you communicate about the supported activities?
(Describe your communication with both the target group and partners)

The applicant agrees to provide information about its supported activities
at lähellä.fi or through the Suomi.fi Finnish Service Catalogue (FSC)

Yes

No

Required documents

Extract from the register of associations or foundations, no more than 12 months old*

Current rules*

Latest approved annual report or, if the organisation has been operating for less than a year,
the minutes of the latest board meeting*

Latest approved financial statements or, if the organisation has been operating for less than a year,
the minutes of the latest board meeting*

Latest approved action plan and budget*

Signature

We have read the principles and criteria concerning the City of Espoo's organisation grants (2024).

We agree to observe the principles if we receive the grant.

We certify that the information given in this application and other documents is correct.

Place and date

Signature of a person authorised to sign on behalf
of the organisation

Send the application to: City of Espoo Registry Office, P.O. Box 1, 02070 CITY OF ESPOO
(Street address: Siltakatu 11, 3rd floor, Espoon keskus)

You can also send the form as an email attachment to kirjaamo@espoo.fi

If necessary, you can send a confidential email to the Registry Office through the securemail.espoo.fi service.