**Charity Grant Application Form**

# **Applicant Details**

|  |  |
| --- | --- |
| **Charity Registration Number** *(you can check this using the Charity Commission website)***:** | Click or tap here to enter text. |
|  |  |
| **Legal name of Organisation:** | Click or tap here to enter text. |
|  |  |
| **Working name of Organisation** *(if different to above)***:** | Click or tap here to enter text. |
|  |  |
| **Registered Address of Organisation:** | Click or tap here to enter text. |
|  |  |
| **Website address** *(if applicable)***:** | Click or tap here to enter text. |
|  |  |
| **Social media page(s)** *(if applicable; Please use a valid URL, e.g.,* [*www.facebook.com/yourorganisation*](http://www.facebook.com/yourorganisation))**:** | Click or tap here to enter text. |

# **Contact Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | Choose an item. | | **First Name** | Click or tap here to enter text. | **Last Name** | Click or tap here to enter text. |
|  |  | |  |  |  |  |
| **Job Title** | Choose an item. | | **Telephone Number** | Click or tap here to enter text. | **Mobile Number** | Click or tap here to enter text. |
|  | | | | | | |
| **Contact Email** | Click or tap here to enter text. | | | **Confirm Contact Email** | Click or tap here to enter text. | |
|  | |  | |  |  | |
| **Correspondence Address:** *(please provide the full address, even if same as* ***Registered Address****)***:** | | | | Click or tap here to enter text. | | |

# **Organisation Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Status** | Choose an item. | **Target Beneficiaries** | Choose an item. |
|  | | | |
| **Country** | Choose an item. | **Annual Income** | Choose an item. |
|  |  |  |  |
| *(give a brief outline of main)* **Activities/Areas of Work** | Click or tap here to enter text. | | |

# **Project Details**

|  |  |
| --- | --- |
| **Project Title:** | Click or tap here to enter text. |
|  |  |
| **Project Summary** *(outline in a few sentences)***:** | Click or tap here to enter text. |
|  |  |
| **What is the work?** | Click or tap here to enter text. |
|  |  |
| **Why is it needed?** | Click or tap here to enter text. |
|  |  |
| **Who will it benefit?** *(Please tell us approximately how many will benefit? Describe the current or new activities or services planned, and whether this is project is with existing or new partnership organisations)* | Click or tap here to enter text. |
|  |  |
| **How will they benefit?** *(i.e., what difference will the project make?)* | Click or tap here to enter text. |
|  |  |
| **Who will manage the project?** *(please outline roles, including relevant skills and experience, of the person or people managing the project* | Click or tap here to enter text. |
|  |  |
| **What are the main project milestones?** | Click or tap here to enter text. |
|  |  |
| **When will this project be completed?** | Click or tap here to enter text. |
|  |  |
| **Total Cost of Project (including VAT)?** | Click or tap here to enter text. |
|  |  |
| **Total Funding already secured?** | Click or tap here to enter text. |
|  |  |
| **Funding shortfall?** | Click or tap here to enter text. |
|  |  |
| **Confirmed Funding Sources?** *(please list all your funding sources, e.g., Trusts, Foundations and individuals with amounts secured from each)* | Click or tap here to enter text. |
|  |  |
| **Is Your Charity contributing to the project?** *(Please state amount?)* | Click or tap here to enter text. |
|  |  |
| **Tell us how Covid-19 is or is likely to affect your project, what you are doing to mitigate this. Please include any changes you are making or have made to your project plan, fundraising activities, timelines, etc.** | Click or tap here to enter text. |

# **Supporting Documents *(please label your attachments clearly)***

|  |  |
| --- | --- |
| **Project’s Fundraising Plan** | Choose an item. |
|  |  |
| **Latest Annual Accounts** | Choose an item. |
|  |  |
| **Latest Management accounts** | Choose an item. |
|  |  |
| **Project budget or quote(s) from your preferred contractor(s)/supplier(s)** | Choose an item. |
|  |  |
| **Other supporting documents, if applicable** *(e.g., photographs, plans, drawings, etc.)* | Choose an item. |