**GRANT APPLICATION FORM**

Please note that only postal applications will be accepted. To apply for a grant for a group or organisation, please complete sections A &C. Individual applications can be made by completing sections B &C.

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| **GROUPS AND ORGANISATIONS (SECTION A)** |
| **CONTACT DETAILS FOR GROUP ORORGANISATION***Please provide name, address and contact details for the Organisation* |   |
| **CONTACT DETAILS***Please provide name, position in organisation and contact details (address, telephone number and email)*  |   |
| **AIMS OF THE ORGANISATION***Please outline the overall aims and objectives of the organisation* |  |
| **GEOGRAPHICAL AREA IN WHICH THE ORGANISATION FUNCTIONS** |  |
| **USUAL SOURCE OF FUNDING**Please outline where funding usual comes from (e.g. subscriptions, grants, sponsorship, donations etc…) |  |
| **Where possible and in support of your application, please provide a copy of the last audited accounts and the current bank balances.** |

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| **INDIVIDUALS (SECTION B)****(Please also complete Financial Statement attached)** |
| **Applicant Details** *Please provide your name, address, tel number and email* |  |
| **Representative Details***If you are making this application on behalf of the above applicant, please provide your contact details and relationship to the applicant/ capacity in which you are acting.* |  |
| **If this grant is to alleviate financial, medical or social need, your application should besupported and verified by a Doctor, Social Worker, Health Visitor or other appropriate professional.** |

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| **GRANT PURPOSE (SECTION C)** |
| **PURPOSE OF GRANT** *Please provide as much detail/information as possible.* *If the grant is to cover a number of separate items, please list these individually.* |  |
| **TOTAL COST OF THE PROJECT***Please state if these are actual costs or estimates and how the costs have been derived* |  |
| **OTHER APPLICATIONS FOR FUNDS***Please include detail of any other requests for funds that have been made in support of this project, including any outcomes.* |  |
| **TOTAL SUM ALREADY RAISED THROUGH OTHER GRANT APPLICATIONS** |   |
| **PERSONAL CONTRIBUTION***State the amount you can contribute eitherpersonally (for an individual application) or from the resources of the organisation or group.* |   |
| **BALANCE OF FUNDS REQUIRED**  |   |
| **SUM SOUGHT FROM THISAPPLICATION** |  |
| **PLEASE PROVIDE DETAILS AS TO WHOM ANY CHEQUE SHOULD BE MADE PAYABLE****FOR ARGOS VOUCHERS, PLEASE PROVIDE ITEM AND CATALOGUE NUMBERS** |  |

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 **“I understand and give permission for the Sperring Charity to contact my elected representative for any further information they deem necessary in support of my application (individual applications only)”**

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 **“I understand that grant approval is subject to a photograph and/or testimonial being submitted to the Charity upon project completion. This may be used for marketing purposes (e.g. website)”**

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**“I certify that I have fully and correctly completed this application form.”**

**…………………………………………………………Signed**

..…**……………………………………………………Print Name**

**…………………………………………………………Date**

**Financial Statement**

**(for completion in accordance with Section B)**

Name & Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number in household \_\_\_\_\_\_\_

Number of vehicles in

household \_\_\_\_\_\_\_

Number of dependant

children \_\_\_\_\_\_\_

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| **Monthly income** | **Amount** |
| Total salary or wages |  |
| Total other income |  |
| Total benefits |  |
| Total pensions |  |
| **Total Monthly income** |  |

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| **Monthly Expenditure** | **Amount** |
| Rent/mortgage |  |
| Buildings & Contents insurance |  |
| Council Tax |  |
| Gas |  |
| Electricity |  |
| Water |  |
| TV Licence |  |
| TV subscriptions (i.e. sky/cable) |  |
| Total Phone - landline  |  |
| Total Phone - mobile |  |
| Total Travel |  |
| Total Housekeeping |  |
| Total other expenditure (please include details) |  |
| **Total Monthly Expenditure** |  |