**GRANT APPLICATION FORM**

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| Applicant Information – GROUPS & ORGANISATIONS | | | | | |
| **First Name** | |  | | **Surname** |  |
| **Address** | |  | | | |
| **Postcode** | |  | | **Telephone** |  |
| **Email** |  | | | | | |
| **Position in** **organisation** | | |  | | | |
| **Group/Organisation/School/Church Name & Address** | | |  | | |
| **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 usually comes from e.g. subscriptions, grants, sponsorship, donations etc.) | | |  | | |
| **Please provide a copy of the last audited accounts and the current bank balances.** | | |  | | |

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| Applicant Information – Personal application | | | | | | | | | | | | | | | |
| **First Names** | | |  | | | | | **Surname** | | | |  | | | |
| **Address** | | |  | | | | | | | | | | | | |
| **Postcode** | | |  | | | | | | | | **Telephone** | | |  | |
| **Date of Birth** | | |  | | **Email** | |  | | | | | | | | | |
| **Present occupation** | | | | |  | | | | | | | | | | |
| **Former occupation** | | | | |  | | | | | | | | **Date last worked?** | |  |
| **Does applicant live alone?**  **If no, please describe household** | | | | |  | | | | | | | | | | |
| **Spouse/Partner’s present occupation** | | | | |  | | | | | | | | | | |
| **Spouse/Partner’s former occupation** | | | | |  | | | | | | | | **Date last worked?** | |  |
| **Number of children living in household?**  **Please provide DOB if under 18** | | | | |  | | | | | | | | | | |
| **Are the children in full-time education /training/working or on benefits?** | | | | |  | | | | | | | | | | |
| Representatives 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.)* | | | | | | | | | | | | | | | |
| Surname | |  | | | | First Name | | |  | | | | | | |
| Sponsoring Body | | | |  | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | Telephone (landline pref) | | | |  | |
| Email |  | | | | | | | | | | | | | | |

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| grant purpose | |
| **PURPOSE OF THE 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 outcomes |  |
| **TOTAL SUM ALREADY RAISED THROUGH OTHER GRANT APPLICATIONS** |  |
| **PERSONAL CONTRIBUTION**  State the amount you can contribute either personally (for individual applications) or from the resources of the organisation or group |  |
| **SUM SOUGHT FROM THIS APPLICATION** |  |
| **PLEASE PROVIDE DETAILS AS TO WHOM ANY CHEQUE SHOULD BE MADE PAYABLE** |  |

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| 0 | | | |
| Details of INcome and Expenditure – monthly figures please | | | |
| **TOTAL HOUSEHOLD INCOME AFTER TAX** | **£** | **TOTAL HOUSEHOLD EXPENDITURE** | **£** |
| Net earnings from Employment |  | Mortgage Payments |  |
| Retirement Pensions |  | Rent: Top up |  |
| Occupational/Private Pensions |  | Council Tax: Top up |  |
| Disability & Carer’s Benefits: |  | Utilities (water, electric, gas, coal, logs, oil) |  |
| PIP Care *(Std/Enhanced rate?)* |  | Total Debt Repayment |  |
| PIP Mobility *(Std/Enhanced rate?)* |  | TV Licence |  |
| Attendance Allowance |  | Telephone incl. landline/broadband/internet |  |
| Carer’s Allowance |  | Mobile(s) |  |
| Sickness Benefits |  | Insurances (specify) |  |
| Statutory Sick Pay |  |
| Employment & Support Allowance  *(Assessment Phase/Work Related/Support Group?)* |  | Car expenses incl. road tax, servicing, petrol and insurance |  |
| Jobseekers Allowance |  | Other Travel expenses |  |
| Means-Tested Benefits |  | Clothing (incl. school uniform) |  |
| Income Support |  | Food |  |
| Income-based Jobseekers Allowance |  | Household expenses |  |
| Universal Credit |  | Leisure expenses |  |
| Pension Credit |  | Pet expenses |  |
| Housing Benefit | Yes/No | Any other expenses: Please specify |  |
| Council Tax Reduction | Yes/No |  |  |
| Tax Credits |  |  |  |
| Child Tax Credit |  |  |  |
| Working Tax Credit |  |  |  |
| Child Benefit |  |  |  |
| Any other Income: Please specify |  |  |  |
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| **Total £ per Month** |  | **Total £ per Month** |  |

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| DETAILS OF ANY SAVINGS FOR THE HOUSEHOLD | | |
| Bank/Building Society Accounts | £ |  |
| Post Office Accounts/National Savings | £ |  |
| Premium Bonds/Savings Certificates | £ |  |
| Stocks & Shares/Other Investments | £ |  |
| Other Savings : Please Specify | £ |  |

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| DETAILS OF Debts FOR THE HOUSEHOLD | | | |
|  | Total now Owed £ | Monthly Repayments £ | Date of Final Repayment |
| HP or Credit Agreements |  |  |  |
| Mail Order/Catalogues |  |  |  |
| Court Judgment/Fines/Attachment of Earnings |  |  |  |
| Other Debts: Please Specify |  |  |  |
| (D)Total Debts Repayment £ |  |  |  |

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| Details of Housing: what type of home does the applicant live in? (Tick one box) | | | | |
| Owned no mortgage | Owned with mortgage | Rented council | Rented Private | Other (please specify) |

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| Declaration and Signature | | | |
| **By signing this form, both the applicant and sponsor (if applicable) confirm that the information contained in this application is true and correct and agree to the information provided being processed for the purpose of a potential grant award. Anonymised data, may be retained by The Sperring Charity for grant reporting and/or fundraising activities.**  **By signing this form, the applicant confirms that they consent to The Sperring Charity conducting background checks, finance and credit checks/searches as may be required by the Charity.**  **Organisation Applications only**  **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)”**  **Individual Applications Only**  **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)”** | | | |
| Applicant Signature | Please state verbal consent if not signed | Date |  |
| Representative Signature |  | Date |  |