

SMALL GRANTS SCHEME
APPLICATION FORM



Please read the Guidelines for Applicants carefully before completing this form.

SECTION 1 – ABOUT YOUR ORGANISATION

Organisation name		
Contact name for this application		
Contact telephone number		
Contact email address		
Contact postal address		
Is your organisation a registered charity?	Yes	
	No	
	Charity No:	
If No, please enclose a copy of your governing document with your application.		

Please give a brief description of what your organisation does:

SECTION 2 – ABOUT YOUR PROJECT

Please indicate if any of the charitable objectives listed below will be addressed by the activities outlined in your application. *You may tick as many as apply.*

Relief of poverty, hardship and distress		Relief of physical or mental illness	
Advance the education of people in need		Support people aged 60+	

Where do the people who will benefit from your project live? *Please tick all that apply.*

Leicester City		Leicestershire	
Rutland		Northamptonshire	
Another area		<i>Please specify:</i>	

Date you expect your activities to:	Start:	Finish:
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SECTION 4 continued.

Please tell us what costs you would like to apply for.	
<i>Item</i>	<i>Contribution requested</i>
	£
	£
	£
	£
	£
Total amount of grant requested	£

Have you applied to any other source for funding towards these activities?	Yes		No	
If Yes, please provide details:				
<i>Funding source</i>	<i>Amount requested</i>	<i>Awarded Y/N?</i>	<i>Date decision expected (if still pending)</i>	

Would you prefer your grant to be paid by:	Cheque		BACS	
Account Name:				
Sort Code: <i>(for BACS payments)</i>			Account Number: <i>(for BACS payments)</i>	

SECTION 5 – DECLARATION

I declare that the information given on this form is accurate at the time of submission. I understand that if a grant is awarded, the organisation will be required to abide by the standard Terms and Conditions of the Charity Link Small Grants Scheme, together with any additional conditions of grant that may be imposed.

Signed Date

Role within organisation

Please submit your completed application form to:

By post Trust Administrator, Charity Link, 20a Millstone Lane, Leicester, LE1 5JN

Email katie.scrange@charity-link.org

Fax

0116 222 2201