

**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:	
<b>If No, please enclose a copy of your governing document with your application.</b>		

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>
	£
	£
	£
	£
	£
<b>Total amount of grant requested</b>	<b>£</b>

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 AND CONSENT**

Print name ..... Date .....

Role within organisation .....

**Declaration**

I declare that the information given on this form is accurate and complete at the time of submission. I understand that if I knowingly give information that is incorrect or incomplete, you may take action against me.

I understand that if a grant is awarded, my 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.

***Please continue and sign overleaf/...***

By submitting this application form and signing this declaration, I agree to the information on the form (and any attachments) being stored in Charity Link's manual filing system and computer systems for the sole purpose of grant processing, analysis, monitoring and accounting.

I also agree that relevant summary details about my application may be divulged to the charitable Trusts that contribute funds to the Scheme (Leicester Indigent Old Age Society, Mansion Trust UK and R Daphne Plunket Charitable Trust) for audit/monitoring purposes.

I confirm that I have read and understand the Privacy Notice below.

Signed .....

**Privacy Notice**

Charity Link is a registered charity that helps find funding for people in need. Charity Link administers the Small Grants Scheme on behalf of Leicester Indigent Old Age Society, Mansion Trust UK and R Daphne Plunket Charitable Trust.

We take your privacy very seriously and have a policy that explains why and how we will store, process and secure the information that you give to us. We can send you a copy of our Privacy Policy on request – please call 0116 222 2200 or email: [info@charity-link.org](mailto:info@charity-link.org)

Leicester Indigent Old Age Society, Mansion Trust UK and R Daphne Plunket Charitable Trust are administered by Charity Link and in accordance with our Privacy Policy.

All of your information will be treated in the strictest confidence and not shared with any other third party without your consent.

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**Please submit your completed application form to:**

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

**Email**             **[trustadmin@charity-link.org](mailto:trustadmin@charity-link.org)**

**Fax**            **0116 222 2201**