

## Application for a Grant for an Organisation

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|--|--|
| Name of organisation   |  |
| Purpose/Aims of organisation   |  |
| Registered Charity Number<br>(if applicable)   |  |
| Address  |  |
| Telephone Number   |  |
| E-mail address   |  |
| How are your clients<br>vulnerable or disadvantaged?   |  |
| How does your organisation:<br><br>- Increase basic standards of<br>living<br><br>- Increase personal<br>development and/or social<br>inclusion<br><br>- Enable clients to make a new<br>start |  |

Guildford Poyle Charities, 208 High Street, Guildford GU1 3JB  
 Telephone/Fax: 01483 303678  
 E-mail: [admin@guildfordpoylecharities.org](mailto:admin@guildfordpoylecharities.org)  
[www.guildfordpoylecharities.org](http://www.guildfordpoylecharities.org)

|  |  |
|--|--|
| Name of project for which funding is being sought  |  |
| Project start date and end date  |  |
| Description of Project (including its purpose and details of the types of clients who will be helped)  |  |
| How many individuals will be helped by your project?   |  |
| Do you charge your clients for this project and if so how much, or do you request donations?   |  |
| What outcomes will the project achieve?  |  |
| How will the project and outcomes be monitored and evaluated?  |  |
| <u>Safeguarding</u> - What is your strategy for safeguarding and how would you ensure that it is implemented in relation to the application you are submitting and confirm that you have policies/training/awareness raising in place? |  |

**Project budget**

Please provide a breakdown of the cost of the project.

| Item                            | Total Cost - £ |
|---------------------------------|----------------|
|                                 |                |
| Total Project Cost              |                |
| Total amount of grant requested |                |

How have you arrived at this figure?

Please state where the remaining funding has been/is being sought:

| Funding Source | Amount applied for | Outcome of application              |
|----------------|--------------------|-------------------------------------|
|                |                    | Or state when outcome will be known |
|                |                    |                                     |

What proportion of the beneficiaries live within the geographical area covered by Guildford Poyle Charities? \*

Please provide details about your organisations reserves policy?

\* See map of area on website

Please enclose:

- Most recent annual accounts
- Budget for the current financial year, including the project for which you are applying
- Any other information which would be helpful for our Trustees when considering your application.

I confirm that the information supplied in this application is correct to the best of my knowledge.

Signed: \_\_\_\_\_ Name: (Please print) \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Date: \_\_\_\_\_

Please e-mail completed form to [caroline@guildfordpoylecharities.org](mailto:caroline@guildfordpoylecharities.org)

The deadline for receipt of an application form for an organisation grants meeting is one month before the meeting. For meeting dates see the website or contact the office.

Applications sent in after the application deadline will not be considered until the following meeting.