

## **Application for a Grant for an Organisation**

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

Guildford Poyle Charities, 208 High Street, Guildford GU1 3JB

Telephone/Fax: 01483 303678

E-mail: admin@guildfordpoylecharities.org

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?	
Safeguarding - 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?	



Due lead best and		
<b>Project budget</b> Please provide a breakdown of t	he cost of the project	
Item	ne cost of the project.	Total Cost - £
Total Project Cost		
Total amount of grant requested		
How have you arrived at this figu	ire?	
Please state where the remainin	g funding has been/is being sou	ght:
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?		

<sup>\*</sup> 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 <a href="mailto:caroline@guildfordpoylecharities.org">caroline@guildfordpoylecharities.org</a>

The deadline for receipt of an application form for an organisation grants meeting is one month before the meeting. Meetings until the end of 2019 will be held as below:

Date Application Form Required	Date of Meeting
Friday 22 February 2019	Tuesday 26 March 2019
Friday 24 May 2019	Tuesday 25 June 2019
Friday 23 August 2019	Tuesday 24 September 2019
Friday 1 November 2019	Tuesday 3 December 2019

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