

## 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](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. Meetings until the end of 2020 will be held as below:

<b>Date Application Form Required</b>	<b>Date of Meeting</b>
Thursday 27 <sup>th</sup> February 2020	Thursday 26 March 2020
Thursday 28 <sup>th</sup> May 2020	Thursday 25 June 2020
Thursday 8 <sup>th</sup> October 2020	Tuesday 10 <sup>th</sup> November 2020

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