**THE FARRINGDON HOUSE SCHOOL**
**CHARITABLE TRUST**

APPLICATION FOR GRANT
CONFIDENTIAL

**Important**

(a) All information will be treated as confidential. It is sought only in order to enable the competing needs of potential beneficiaries to be fairly assessed.

(b) Please answer each question fully, particularly the financial details. Failure to do so will delay or prejudice the application.

(c) One copy of the latest Report and Balance Sheet of your Organisation should be enclosed with this form.

**Please type or write clearly when completing the form. Please make sure that all questions are answered with all the details requested – this will speed up processing.**

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1. **Full name of Organisation**:

**Registered Charity Number**:

**Address of Headquarters**:

**If different from above, address to which correspondence should be sent:**

**Email**:

**IF APPLICATION IS SUCCESSFUL – PLEASE NOTE PAYMENT CAN ONLY BE MADE BY CHEQUE**

**ORGANISATION NAME CHEQUE PAYABLE TO:**

2. **OBJECTIVES OF THE ORGANISATION AND AGE RANGE INVOLVED** (Please give a brief comprehensive statement)

3. **If the Organisation's operations extend beyond Devon, please indicate the nature and extent of operations within Devon.**

## 4. FINANCE OF THE ORGANISATION

In order to assess the needs of the Organisation, it is necessary to know the source of its income both from voluntary and public sources, and the amount which has to be raised. Please, therefore, give full particulars below for the last completed financial year.

(a) **INCOME** for the year ending:

i. From public sources (e.g. Grants from Local Authorities)

ii. From voluntary sources (e.g. subscribers, donations, legacies, etc.)

iii. From other sources (e.g. investments, dividends, sales, etc.)

**TOTAL** income for the year from all sources:

Please indicate below what additional fundraising initiatives are planned for the current year, together with a note of any anticipated variation from the previous year's income.

(b) **EXPENDITURE** for the year ending:

i. **TOTAL** expenditure:

Administrative content:

ii. **DEFICIT**(if any):

iii. **SURPLUS** (if any):

(c) Estimated amount requiring to be raised from voluntary sources each year

**5. AMOUNT APPLIED FOR** ***(Please itemise, where appropriate)***

**6. TOTAL COST OF THE PROJECT** ***for which grant-aid is sought***

**7. AMOUNT ALREADY RAISED** ***and promises made***

**8. NOTES ON THE FINANCE OF THE ORGANISATION (please indicate below any additional factors which you would wish the Trustees to take into consideration from the Organisation's accounts)**

**9. REASON GRANT-AID IS BEING SOUGHT** ***(please describe the project or purpose clearly, indicating those who will benefit directly)***

**10. GIVE DETAILS (AND AMOUNTS) OF ANY PREVIOUS APPLICATION(S) TO THE TRUST**

| | | | |
|---|---|---|---|
| Date: | | Amount of Grant: | |
| Detail and update: | | | |
| Date: | | Amount of Grant: | |
| Detail and update: | | | |
| Date: | | Amount of Grant: | |
| Detail and update: | | | |

| | | | |
|---|---|---|---|
| **Signature**: | | **Date**: | |
| **Name**: | | **Tel No**: | |
| **Position/Office Held**: | | | |
| **Address**: | | | |

**When completed, please return by email to:-**
**farringdontrust@wollens.co.uk**