 **Grant Application Form**

**Please complete this form, preferably in a different font and email it, along with a short letter telling us about your project to *admin@thesaintburytrust.co.uk***

**You need only send your most recent accounts if they are NOT on the Charity Commission website.**

**Please do not expand this form to more than 4 pages and do not use a smaller font. We prefer a larger font, at least size 12, for your replies. Do not use colours please.**

**1 Charity name, address and postcode:**

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**2 Address and postcode of project, if different from above:**

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3 Charity website address:

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4 Charity Registration Number: Approximately, when was the charity founded?

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| --- | --- |
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5 Are you a national, a national with separate local published accounts, or a local charity?

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| --- |
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6 To which category (as listed at <http://www.thesaintburytrust.co.uk/eligibility/> ) do you think your project mainly belongs? Please choose only one category. Please insert the relevant code.

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7 Why are you asking for a grant?

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8 What does the project you are applying for seek to do?

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9 What group of people will your project help? Tell us about your clients.

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10 Roughly how many people benefit from your work in an average week?

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11 How is the Charity managed? Give brief details of the qualifications and expertise of one or two of the key people involved.

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12 Staff: how many people are involved in the Charity's work?

Full time staff: Part time staff: Volunteers:

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|  |

13 Have you approached the Saintbury Trust before? Please give details including dates and amounts of any grants awarded

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14 How much do you hope to raise from Trusts this year and where do you expect the funding to come from?

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15 What is the end date for your latest audited accounts?

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16 Take this information from your latest accounts: Please make sure your totals for income and expenditure balance back to the total income and expenditure shown in your accounts.

Income from all sources

|  |  |
| --- | --- |
| Earned Income |  |
| Investment Income |  |
| Local Authority Grants |  |
| Grants from Primary Care Trusts or similar NGOs |  |
| National Government Grants |  |
| Grants from Charitable Trusts |  |
| Big Lottery |  |
| Other grants |  |
| Other fundraising |  |
| Total Income (as shown in your accounts) |  |

Expenditure

|  |  |
| --- | --- |
| Staff Expenditure |  |
| Other Charitable Expenditure |  |
| Total Expenditure (as shown in your accounts) |  |

|  |  |
| --- | --- |
| Surplus/(Deficit) this year |  |
| Surplus/(Deficit) previous year |  |
| Net current assets |  |

Is there anything else we need to know to understand your financial position better?

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Please provide your bank account details

Bank name:

Bank address:

Account name:

*Please ensure that the account name you give on this form exactly matches the actual account name.*

Sort code:

Account number:

If your application is successful, your grant will be paid using the above details. We cannot accept changes to bank account details once your application has been submitted.

Your contact details

|  |  |
| --- | --- |
| Telephone number: | Email address: |

Address for correspondence, if different from above

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We have read and accept your grant conditions (June 2022 Edition)  
  
Note: These can be accessed online at ‘Apply for a grant’ then ‘Grant conditions’

Signed Please print name

|  |  |
| --- | --- |
| Date |  |

**Please do not duplicate information given in this form in your letter. You may also send other supporting material if you wish.**