

Application Form: please write clearly in black ink or type

Complete and return to:
The Administrator
PO Box 42
Ledbury
Herefordshire
HR8 1WH
Tel: 01531 633345
www.joanistrust.org.uk

1. Contact details

Name of group -----

Name of contact -----

Position held in group -----

Contact address -----

----- postcode -----

Telephone ----- daytime ----- evening

Is the address (tick in box)

Your group's office Your home address Other (please specify)

2.

Registered charity in England & Wales **Registration no.**

When was your group established? -----

You do not need a constitution, but must be able to satisfy us of your ability to maintain proper financial and administrative control:

Does the group have a constitution? Yes / No

How is your group run?

What are the main activities of your group, or what services do you provide?

3. Please give details of your group's bank account:

Account name -----

Account number ----- Bank sort code -----

The Trust only considers applications from organisations whose cheques are signed by at least two trustees. How many people have to sign each cheque from this account? -----

When should the grant be paid? -----

In what name should the cheque be made?

4. Tell us about your project

When and where will the project take place? -----

How have the beneficiaries been consulted? -----

How many people will be involved in the project, what is their age group and how would you describe the people who will benefit? -----

What local support do you have (eg. voluntary help, local authority, schools, partnership work, etc)? -----

5. Tell us how much money you need from the Joanies Trust for your project and give us a breakdown of what the money is for.

Item / Activity

Amount

£ _____
£ _____
£ _____
£ _____
£ _____
£ _____
£ _____
£ _____
£ _____

Total amount requested from the Joanies Trust

£ _____

Is this the total cost of the project? If not, how much is it?

£ _____

Please tell us how you intend to cover the costs of the whole project. Please specify all sources, and whether they are confirmed (c) or pending (p).

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Please describe any contribution you are making towards this project. This includes any "in kind" contribution.

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6. Your signature. This must be the signature of the main contact.

I confirm that all the information in this application form is true and correct. I understand that you may ask for information at any stage of the application process.

Signed ----- Date -----

7. Independent Referee's statement:

*The referee must **not** be a member of your group, but needs to be someone who knows your group and can talk about it.*

Name -----

Occupation / status -----

Organisation (if applicable) -----

Address -----

----- Telephone -----

How do you know this group?

I have read this application and support the request for funding. I am willing to be contacted to discuss this application further.

Signature ----- Date -----

8. Checklist (please tick)

- We have answered all questions on the form
- The main contact named in section 1 has signed section 6
- The independent referee has signed section 7
- We have enclosed a copy of our most recent **Annual Accounts** or (if you are a new group) a statement of Income and Expenditure for the first year, signed and dated.
- We have made a copy of this application to keep for our reference