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| **THE HADFIELD TRUST**  **APPLICATION FORM** | | | | | | | |
| **NAME OF ORGANISATION** | |  | | | | | |
| **CORRESPONDENT** | |  | | | | | |
| **ADDRESS** | |  | | | | | |
| **TELEPHONE NUMBERS** | | **DAY: NIGHT:** | | | | | |
| **EMAIL ADDRESS** | |  | | | | | |
| **CHARITY NUMBER**  **(If none please state)** | |  | | | | **If not a charity do you have a Constitution? YES/NO**  **(Please supply a copy)** | |
| **BANK ACCOUNT TITLE** | |  | | | | | |
| **ACCOUNTS ENCLOSED** | | **YES** | | | **NO** | | |
| **PREVIOUS APPLICATION?** | **NO** | | **YES** | **DATE(S)** | | | **AMOUNT(S)** |
| **NUMBER OF VOLUNTEERS:** | | | **NUMBER OF BENEFICIARIES:** | | | | **NUMBER OF STAFF:** |
| **HOW DID YOU BECOME AWARE OF THE HADFIELD TRUST?** | | | | | | | |
| **PLEASE STATE CLEARLY THE PURPOSE FOR WHICH YOU ARE REQUESTING A GRANT. HOW MUCH WILL IT BENEFIT DISADVANTAGED PEOPLE IN CUMBRIA AND HOW DOES IT MEET THE HADFIELD TRUST’S PRIORITIES?** | | | | | | | |

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| **THE AMOUNT OF MONEY REQUESTED?** |  |
| **HOW MUCH WILLTHIS PROJECT COST?**  List principal capital items if applicable |  |
| **WHAT SUM HAS BEEN RAISED SO FAR?** |  |
| **FROM WHERE?** |  |
| **WHAT IS THE SHORTFALL?** |  |
| **FOR THOSE WORKING WITH CHILDREN, YOUNG PEOPLE , A WRITTEN CHILD PROTECTON POLICY MUST BE IN PLACE AND REVIEWED ANNUALLY. PLEASE CONFIRM THE DATE ON WHICH THIS WAS LAST REVIEWED:** | |
| **PLEASE LIST ALL OTHER FUNDERS TO WHOM YOU HAVE APPLIED FOR THIS PROJECT:** | |
| **HOW WILL YOU EVALUATE THE WORK FOR WHICH YOU ARE APPLYING FOR FUNDING?** | |
| **PLEASE SUPPLY THE NAME AND CONTACT DETAILS OF AN INDEPENDENT REFEREE WHO LIVES IN CUMBRIA AND KNOWS OF THE WORK YOUR ORGANISATION DOES IN THE COUNTY.** | |

NOTES TO APPLICANTS:

Please make sure you have included copies of all the documents needed to support your application:

your most recent annual accounts and bank statement (from all of your accounts); project costings and a minimum of 2 quotes for capital items plus a copy of your constitution if not a charity

Please check that you have attached the correct postage and send to:

**Ms Susan Berriman, Shoestone Cottage, Garnett Bridge, Kendal, Cumbria LA8 9AZ**

Registered Charity Number 1067491