

Application Form – Groups and Organisations

**Please read the guidelines carefully before completing this form in black ink.
This Form Requires a Signature.**

Please either add an electronic signature or print out the signature sheet and post it to us.
If you need any help, please contact: enquiries@craventrust.org.uk or call 07954 803327 / 01535 665258

Section I – Organisation Details

Organisation Name (Refer to Guidelines)

Contact Name

Organisation Address

Contact Address (If Different)

Postcode

Postcode

Telephone

Telephone

Mobile

Mobile

Email

Email

Web Site

Best Time to Contact

Are you a Registered Charity?

Yes

No

Registered Charity No.

When was your Organisation Established? (Refer to Guidelines)

Is your organisation VAT Registered?

Yes

No

Section 2 – Aims and Activities

What are the Main Aims and Activities of Your Organisation? (Refer to Guidelines)

Section 3 – Project Details

Please describe briefly the project and on what you will spend our grant. You may continue on an additional sheet if necessary. (Refer to Guidelines)

Section 4 – Grant Details

Total Project Amount Required

How much are you applying for?

When do you need our grant?

How much is your organisation contributing to this project?

How will the remainder be financed?

	Organisation Applied To	Amount Applied For	Amount Granted
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 5 – Other Relevant Information

You may continue on an additional sheet if necessary

Signatures

Signature of Chairperson or Committee Person

Full Name

Position

Signature

Date

IMPORTANT please attach the following information:

- A copy of your constitution/governing document
- A copy of your latest accounts (or financial statement if annual accounts are not available)
- A copy of the budget relevant to this application
- Latest Annual Report
- Any additional information

PLEASE RETURN YOUR APPLICATION TO:

Rowena Garton,
Administrator,
The Craven Trust,
Central Hall,
Alice Street,
Keighley BD21 3JD