



GRANT APPLICATION FORM

SECTION I - CHARITY/ORGANISATION

NAME OF ORGANISATION/CHARITY:

ADDRESS:

E-MAIL:

TEL NO:

FAX NO:

CHARITY REG NO.

CONTACT NAME:

CONTACT ADDRESS If different from above:

Please circle 'Yes' or 'No'

- | | | |
|--|-----|----|
| 1. Is the project based in Islington | Yes | No |
| 2. Is your organisation also based in Islington | Yes | No |
| 3. Is it a capital or one-off project | Yes | No |
| 4. Is additional funding required from another source | Yes | No |
| 5. Is other funding in place | Yes | No |
| 6. Are your latest charity accounts included with this application | Yes | No |
| 7. Have you included a programme for this project | Yes | No |

Please give a brief summary of the aims and objectives of your charity/organisation including the geographical areas you support (continue on separate sheet if necessary)

SECTION 2 - FINANCE

**Please give details of how the donation you are seeking will be utilised and the benefits it will bring.
(continue on separate sheet if necessary)**

Have we supported this charity previously? If so when? How much was the previous donation?

Amount Requested: £

Is this the total amount required? (please circle 'Yes or 'No') **Yes** **No**

If not, please indicate the total cost of the proposal, how you are intending to raise the remaining balance and from what funding sources:

If applicable, please give details of other funding sources raised or committed so far.

ADDITIONAL INFORMATION

If applicable, please attach your most recent Annual Report and Accounts as well as any additional documents and background information which you feel may support this application.

THANK YOU

Signed..... **Name in Print**

Position..... **Date**.....

Signatory must be a Trustee or a representative of senior management.

**MANAGEMENT OFFICES
BUSINESS DESIGN CENTRE
52 UPPER STREET
ISLINGTON
LONDON N1 0QH
TEL: 0207 288 6436 FAX: 0207 226 0590
CHARITY REGISTRATION NUMBER: 802290**