**GRANT APPLICATION FORM**

**Somersham Charity of Poor’s Money**

Charity Registration no.213346

The Norwood Building, Parkhall Road, Somersham, Cambridgeshire PE28 3HE

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| Name of organisation making the application: | | | | | |
| Name of the person to whom correspondence should be addressed: | | | | | |
| Address of correspondence: | | | | Daytime telephone: | |
| Payee for grant cheque: | **OR** | Bank :  Sort code:  Account No: | | | |
| Details of the organisation i.e. what does it do? | | | | Amount of grant applied for (max £250): | |
| What is the grant for and who will benefit (give details for the project): | | | | | |
| Have you applied to any other body for a grant towards this project? (if yes, please give details) | | | | | |
| How else do you raise income? (Give details of subscriptions, fund-raising, and contributions “in kind” etc.): | | | | | |
| What age groups do you cater for? | Total membership: | | | | Are you a registered charity, if yes please provide your number: |
| I give my consent for the Somersham Charity of Poor’s Money to retain the information contained on this form for their admin purposes. In addition, I understand the Trustees will not share the information above with any other organisation or outside body other than the auditor.   |  | | --- | |  |   **Please tick to show your consent**  …………………………………………………………….  ***Signature of responsible adult (e.g. chairman, treasurer, secretary, leader)*** | | | **Somersham Charity of Poor’s Money use only** | | |