

# GRANT APPLICATION FORM

NAME OF ORGANISATION .....

ADDRESS .....

NAME OF HONORARY TREASURER .....

ADDRESS (If different from above) .....

..... Post Code .....

Daytime Telephone Number of Hon Treasurer .....

## About your organisation

Grants can only be made to Registered Charities or to organisations that perform charitable activities

If your Organisation **is** a Registered Charity – Charity Number .....

If your Organisation is **not** registered as a Charity – Please enclose a copy of your Constitution

Is your Organisation part of or affiliated to any National or Regional Body – YES / NO

Is your Organisation, or the activity for which you are seeking a grant, a new body/activity, or been operating for more than fifteen months?

- NEW BODY / MORE THAN FIFTEEN MONTHS (*please delete as appropriate*)

## Who/What your group helps (*Tick below as appropriate*)

Animals/Wildlife  
Arts/Culture  
Children  
Environment  
Elderly People  
Ethnic Minorities

  
  
  
  
  

Poor/Disadvantaged  
Substance abuse  
Victims of Crime  
Young People  
Learning Difficulties

  
  
  
  

Family Deprivation  
Homeless People  
Mental Health  
Offenders/Ex-offenders  
Physically/Sensory Disabled

  
  
  
  

## How your group helps (*Tick below as appropriate*)

Accommodation  
Advice/Counselling  
Advocacy  
Animal Care  
Arts/Leisure  
Campaigning

  
  
  
  
  

Carer/Support respite  
Community Safety  
Health Care  
Sports  
Social Welfare  
Transport

  
  
  
  
  

Training/Personal Development  
Environmental Improvement  
Recreational/Therapeutic activity  
Other (Please specify)

  
  
  

Name of your Organisation's Bank Account (**cheques will be made out to this name**) and name and address of Bank where the Account is held –

**NOTE: if you bank with a Credit Union, please check whether cheques need to be made out to the name of the Credit Union**

TITLE OF ACCOUNT.....

NAME AND ADDRESS OF BANK.....

.....

**ABOUT THE GRANT BEING SOUGHT**

Details of the **Project/Activity** for which grant-aid is being sought.

**Note** - Any grant awarded **must** be used to benefit **Warrington Borough**

.....

.....

.....

**Amount of grant being sought.** Please itemise the cost of each element of the grant –

Item	Cost (£)
<b>Total</b>	

Are all your funds raised through your own fund-raising efforts? – **YES / NO**

If “**NO**” what elements of your work are funded from other sources? –

.....

Please enclose / attach a copy of your Organisation's:

1. Most recent annual report
2. Audited accounts or financial statements as stipulated in paragraph 5(c) of the Grant Aid Criteria
3. Constitution (if not a registered charity)

Please note the Trustees will be unable to consider applications where any of the above documents are not submitted where required.

Name and telephone number of the person able, if necessary, to deal with any queries, including financial information, shown in the application.

Name: .....

Phone No. ....

**Signature of Hon Treasurer..... Date.....**

**NB** Grants are awarded in July and December. Closing Date for applications is

**May 31<sup>st</sup> or Oct 31<sup>st</sup>** respectively. Please return completed application form with all relevant documents to:–

**Warrington Charities Trust**  
**Oakwood House**  
**YewTree Court**  
**Taylor Business Park**  
**Warrington WA3 6WP**

or email to: [applications@warringtoncharitiestrust.org](mailto:applications@warringtoncharitiestrust.org)