

## **APPLICATION FORM**

(PLEASE READ GUIDANCE NOTES BEFORE COMPLETING)

| Reference Number (WCT)  |            | Qualifying Category |  |  |
|---|------------|---------------------|--|--|
|   |            |                     |  |  |
|   |            |                     |  |  |
| 1 Organisation Details  |            |                     |  |  |
| Name of group/charity   |            |                     |  |  |
|   |            |                     |  |  |
| Charity Number (if applicable)  |            | Date established    |  |  |
| Charty Number (if applicable)   |            | Date established    |  |  |
| Is this part of a larger organisation?  |            |                     |  |  |
| Yes No  | Name       |                     |  |  |
|   |            |                     |  |  |
| What are the general activities of your organisation?                                 |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
| Describe the makeup of your committee/board, including any                            | paid staff |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
| If a charity, what regulation(s) are you subject to?                                  |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
| If you work closely with any other organisations or charities, tell us how that works |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |
|   |            |                     |  |  |

## 2 FUNDING REQUEST

| Have you costed the overall funding required?                              |                      |                     |
|--|----------------------|---------------------|
| How much money are you applying to the Trust for?                          |                      |                     |
|  |                      |                     |
| Please tell us, briefly, what you need the grant for                       |                      |                     |
|  |                      |                     |
|  |                      |                     |
| How will the money be spent?   |                      |                     |
| BREAKDOWN OF COSTS IN RELATION TO FUNDING SOUGHT                           |                      | AMOUNT              |
|  |                      |                     |
|  |                      |                     |
| TOTAL  |                      |                     |
|  |                      |                     |
| De vou alverdy have any funding in place or have you applied for grants    |                      |                     |
| Do you already have any funding in place or have you applied for grants of | elsewhere?           | Yes No              |
|  | elsewhere?           | Yes No              |
| If yes, who have you applied to and for how much?                          | elsewhere?           | Yes No              |
|  | SUM AWATING APPROVAL | Yes No  SUM AWARDED |
| If yes, who have you applied to and for how much?                          |                      |                     |
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| If yes, who have you applied to and for how much?  APPLIED TO              |                      |                     |
| If yes, who have you applied to and for how much?  APPLIED TO              |                      |                     |
| If yes, who have you applied to and for how much?  APPLIED TO              |                      |                     |

| 3 WHAT THE GRANT WILL BE USED FOR   |
|---|
| What will you use the grant for?  |
|   |
|   |
|   |
|   |
|   |
| Who will it help and how?   |
|   |
|   |
|   |
|   |
|   |
| How many people will benefit (approximately)?   |
|   |
| What types of issues will be addressed?   |
|   |
|   |
|   |
|   |
|   |
| 4 EVALUATION  |
| Tell us how you will know you are making a difference if you get the award?               |
|   |
|   |
|   |
|   |
|   |
|   |
| 5 ADDITIONAL INFORMATION  |
| If you would like to add anything else in support of your application, please do so below |
|   |
|   |
|   |
|   |



This must be completed by a member of your organisation who has been approved to do so by the committee or board. All correspondence regarding this application will be sent to this individual.

To the best of my knowledge, the information given on this form gives a true and accurate account of this organisation's work and needs. I confirm that I am authorised to commit my organisation in this way.

I confirm that my organisation unconditionally authorises The Weir Charitable Trust to:

- publish details of financial support given to my organisation and of the objectives of my organisation.
- pass any details obtained about my organisation through this application or through subsequent assessment procedures to external agencies, including other grant-making bodies.
- use any such details as part of any Trust press release or publication and that we will not undertake PR without the permission of the Trust.

I agree that, at the end of the funding period/event, my organisation will provide the Trust with a report detailing how the money was spent. This can be done without the need at any time to obtain the further consent or agreement of me or my organisation.

| I agree to signatory statement above: * |        |
|---|--------|
| Yes I agree                             |        |
| Full name                               |        |
|   |        |
|   |        |
| Position                                |        |
|   |        |
|   |        |
|   |        |
| Address of organisation                 |        |
|   |        |
|   |        |
|   |        |
| Telephone                               | Email  |
|   |        |
| Dated                                   | Signed |
|   | 3.8.03 |

