

THE HARRIS CHARITY GRANT APPLICATION FORM (Group or Organisation)

This application form is for those seeking assistance for group or organisation. There is a separate form for an individual.

Name of Group / Organisation:		
What is the Group / Organisation's aim or purpose?		
Your Name:		
Your position in Group / Organisation:		
Your Address:	Post Code:	
Your Telephone Number(s):	Daytime:	Evening:
Your Email Address:		
Address of Group / Organisation:	Post Code:	
Telephone Number of Group / Organisation:		
How long has the Group / Organisation been in existence?		
Where does the Group / Organisation operate?	Preston / Lancashire:	
Membership of Group / Organisation:	Total:	Under 25 years:
Number of adult leaders:	Paid:	Voluntary:
Please state Charity Number (if registered) or if an Excepted Charity		
Has the Group / Organisation previously received a grant from the Trust?	Yes / No:	
How did you learn about the Trust?		

What is the grant required for? How it will other people?	bring practical benefit to young people or involve young people in g	iving practical help to
The Trust helps persons under 25 years		
to achieve an aim or purpose. What is this in the case of the group or organisation we are asked to support?		
organisation we are asked to support?		
What is the total cost of the proposal?		
Please supply a detailed summary of total like) - either complete the information below	proposed expenditure (including pro forma invoices, analysis of equeue or attach the detail on (a) separate sheet(s).	uipment costs and the
Item:		Cost:

How much have you already raised - from what source(s)? ‡		Amount	Gift(s) in Kind
		£	
		٤	
		£	
		£	
How much do you still hope to raise - from what source(s)? ‡		Amount	Gift(s) in Kind
		£	
		£	
		£	
		£	
‡ For example: government or local autho	orities, fundraising events	s, other Trusts, subscrip	tions, sponsorship, charges, etc.
Does the project depend upon the full grant sought from the Trust?	Yes / No:		
How much are you seeking from the Trust?			
What date is the money required for?			
If successful, to whom should the cheque be paid?			
For those groups which are members of national organisations (Scouts, Guides, Cadet Forces, etc), please supply contact details for your District or Division Commissioner, OC Wg, County Comdt, etc.	Name: Appointment: Email address: Telephone number:		
Please submit a copy of the group or o recent (end of financial year) accounts. certified by an indepdent scrutineer/excircumstances it may not be possible t state why and attach a summary of you payments for the last year and clearly i balances (plus any cash held).	. These should be aminer. In certain to do so - please ar receipts and		
I/we have read the 'Guidelines' for Grants knowledge. I/we accept that the decision			mation given is correct to the best of my
I/we acknowledge than in completing and process our information for the purposes of	submitting this application of considering our application	on form: I/we have giver ation (see the full Privac	n The Harris Charity our consent for you to cy Policy on www.theharrischarity.co.uk).
Signed: Date:			