**St Francis de Sales Charitable Trust Grant Application Form**

Please see the accompanying Grant Application Guide for information.

**PART A1 (Groups/organisations only)**

**This part of the form asks for information regarding the applicant. If you are an individual applying, please skip to PART A2.**

In the following, we refer to “Purpose” rather than “Project” to avoid the problematic “boxing” usually enforced by grant applications. For example, “Purpose” can refer to: a specific, concrete item; an event you wish to attend; staff hours contributing to the general running of an organisation; contribution to an ongoing non-project-specific cost. The list is not exhaustive.

**Note**: “Purpose” does *not* refer to the group/individual making the application.

|  |  |
| --- | --- |
| Name of group who will benefit from the grant |  |
| Postal address |  |
| Email address |  |
| Telephone number |  |
| Charity Registration No. - *if any* |  |
| Annual turnover - *from annual report (if applicable)* |  |
| Net assets - *from accounts (if applicable)* |  |
| Name of person making the application |  |
| Position in group (if applicable) |  |
| Postal address  Email address  Telephone no.  - *if different from above* |  |
| Name of Purpose and location(s) for which funding is sought |  |
| Amount requested |  |
| Brief description of the aims of the group (if applicable) *– max 150 words* |  |

**PART A2 (For Individuals only)**

**This part of the form asks for information regarding the applicant. If you are a group applying, please fill out PART A1 instead.**

|  |  |
| --- | --- |
| Name of individual(s) who will benefit from the grant |  |
| Postal address |  |
| Email address |  |
| Telephone number |  |
| Name of Purpose and location(s) for which funding is sought |  |
| Amount requested |  |

**PART B is on the next page.**

**PART B**

**This part of the form deals with the purpose for which you are requesting funds.**

The purpose: Please provide a brief description of the Purpose that you want funds for and its objectives in a maximum of 300 words. This is unrestricted; "staff hours" is acceptable and actively encouraged.

Your budget for the particular Purpose, showing a breakdown of costs and including the portion for which you are requesting funds (if supplied as a separate document, please put the name and version number of the dated document here).

**Please answer the following questions:**

1. How long has the Purpose been running, or what are the projected start and end dates?
2. Who will benefit from the Purpose? Include an estimate of number of people benefiting.
3. Please see our charitable objects above. Which of these does the Purpose fit into? If it does not, please make a brief argument for your application.
4. Why do you believe there is a need for this Purpose? [1 or 2 sentences]
5. What other funding do you have for this Purpose? (including other funding will you apply for, or are in the process of applying for)
6. What will happen if we do not fund the Purpose? [1 or 2 sentences]
7. Have you had any St Francis de Sales Charitable Trust funding previously?

If yes, give date of application(s), grant(s) awarded and purpose of grant(s) below.

1. **Report.** Please give a brief, but specific proposed format and timescale for reporting back to us how the grant has assisted you. This could be as simple as a short email. It will need to be mutually agreed with the St Francis de Sales Charitable Trust as part of the application process. We wish it to be as least burdensome as possible.

Please **edit** the table below:

|  |  |
| --- | --- |
| <Insert group/individual name> | **Report Format:** |
| **What** | Email |
| **When** | 3 months after date grant application approved |
| **Deadline for report** | 1st June 2024 |
| **Format** | * What funds used for * Who benefitted * Anecdotal story * A photograph or illustration |

**Please continue to the next page.**

|  |
| --- |
| ***Protecting your Privacy***  A copy of our Privacy Policy should have been provided to you with this document. If you do not have a copy, please request one by sending an email to: [info@sfds.org.uk](mailto:info@sfds.org.uk). |

**Declaration**

|  |  |
| --- | --- |
|  | **x** |
| I have completed Part A and Part B |  |
| If applicable, I enclose our latest annual report and accounts, or equivalent documentation |  |
| If the application is successful, I will provide feedback report(s) in the form and by the deadline mutually agreed with the Trustees. I understand that failure to do so will make future grants unlikely. |  |
| [Optional] I consent to my name/organisation name being made public on St Francis de Sales Trust promotional material as a grant recipient\* |  |
| [Optional] I consent to my /my organisation’s grant Purpose being made public on St Francis de Sales Trust promotional material\* |  |
| [Optional] I consent to my/ my organisation’s grant value being made public on St Francis de Sales Trust promotional material\* |  |
| [Optional] I consent to material from my/ my organisation’s grant report being made public on St Francis de Sales Trust promotional material\* |  |
| I have read the Privacy Policy terms and give consent to processing the information as above |  |

\*Your consent for publication on St Francis de Sales Trust promotional material will help us to attract more funding for the Trust.

|  |  |
| --- | --- |
| **Name of applicant:** |  |
| **Signed:**  *(Electronic ok)* | **Date:** |