Logo, company name

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**APPLICATION FOR FUNDING**

Website: <https://www.hornimanschildrenstrust.org> Charity Registration No. 222730

PLEASE READ THE ACCOMPANYING NOTES BEFORE COMPLETING THIS FORM.

Please complete with black ink.

**Part 1: Organisation details**

|  |  |
| --- | --- |
| Organisation name | Charity reg No. |
| Address | Telephone |
| Postcode | Email |
| Website of organisation (if any) |  |
| Name of Person completing application | Position |

**Objects of your organisation** (please describe briefly or give aims & objectives from your constitution)

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Please indicate if you have the following by ticking the appropriate box:

🞏 Children’s Protection Policy 🞏 Equal Opportunities Policy

🞏 Management Committee/Trustees 🞏 Constitution or Articles of Association

Supporting documentation (please indicate by ticking the appropriate box which of the following documents are enclosed with this application. It would also be helpful to have on-line access to this for administrative purposes)

🞏 Recent Annual Report 🞏 Most recent Annual Accounts

🞏 Covering letter 🞏 Letter of support from a member or Attender

Of a Quaker Meeting (if appropriate see Part4)

**Part 2: Your project details**

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| Criteria for grants given by John Horniman’s Children’s Trust:  **The relief of sickness and the advancement of the education of children and**  **young people with disabilities up to the age of 19**  **We are only able to support UK based projects.**  In the light of these criteria describe the project for which this grant would be used and the anticipated Benefits |
| What do you need to establish and carry out this work and monitor the benefits?  (An itemised list would be helpful) |
| Who will benefit from this grant? |
| Time frame of project (please give a timeline for your project including time for recruiting staff or  Volunteers to final report) |
| How did you learn about John Horniman’s Children’s Trust? |

**Part 3: Project Budget and Funding**

We anticipate that grants to be awarded will be in the range £1,000 - £5,000 depending on the level

of income derived from our investments.

How much is being asked for to support this project? £

**£ Estimated Costs of Project £ Anticipated income**

|  |  |
| --- | --- |
| **Project Staffing costs** |  |
|  |  |
|  |  |
|  |  |
| **Resources/Equipment** |  |
|  |  |
|  |  |
|  |  |
| **Office/Venue/Admin support** |  |
|  |  |
|  |  |
| **Other project expenses** |  |
|  |  |
|  |  |
| **Management Costs** |  |
| **Total Cost of Project** |  |
| **Assured Funding** |  |
|  |  |
|  |  |
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|  |  |
| **Application pending** |  |
|  |  |
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| **Total Income** |  |

|  |
| --- |
| If you do not raise full funding please explain your alternative plan or how you will adapt the project |

**Part 4: Additional Information**

The John Horniman’s Children’s Trust is a Quaker Trust. If you have connections with Quakers please advise us below. There may be times when we have a large number of applications and we need to prioritise. In these circumstances we may give preference to projects run by Quaker organisations, founded by them or supported by a local Quaker and we would welcome a letter of support from a Member of Attender of the relevant Quaker Meeting.

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**Payment of grants to successful applicants is via BACs for which the following bank details are needed:**

**Name of account…………………………. Name of bank/building society………………………………**

**Account number…………………………. Sort code………………………………………………………**

**References**: Please give names and contact details for two people who are willing to speak about the project if needed. One should be a Trustee of your organisation and the second should have knowledge of your work.

**Trustee Second Referee**

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| --- |
| **Name** |
| **Address** |
|  |
| **Postcode** |
| **Telephone** |
| **Email** |
| **Best way to contact** |

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| --- |
| **Name** |
| **Address** |
|  |
| **Postcode** |
| **Telephone** |
| **Email** |
| **Best way to contact** |

I affirm that all information given is true and correct at the time of application. I give permission for the John Horniman’s Children’s Trust to keep the information provided about this project and organisation on computer or in a paper file. JHCT Trustees will be welcome to visit the project on reasonable notice being given.

**By applying for a grant award from John Horniman’s Children’s Trust we understand that information supplied will be used by Trustees to make determination of grant awards only.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send completed application and supporting documents to:**

**Secretary, Bal Saini, 6 Upper Vauxhall, The Vauxhalls, Wolverhampton, WV1 4SY.**

**Email:** [**bal.saini1@btinternet.com**](mailto:bal.saini1@btinternet.com)