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| **Your contact details** |
| Charity name |  |
| Charity number |  |
| Ultimate parent charity (if any) |  |
| Name of applicant |  |
| Position in charity |  |
| E-mail address |  |
| Charity address & post code |  |

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| **About your charity** |
| Please give a brief description of your charity’s overall charitable purpose(s) in no more than 400 characters. (Additional information can be provided in your supporting letter.) |  |
| How many Trustees does your charity have? |  | How many Employees does your charity have? |  |
| How many volunteers does your charity have? |  | How many beneficiaries did your charity support last year? |  |
| Which of our beneficial areas do you provide support in?(Please tick all relevant boxes) |

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| Birmingham |  |
| Black Country |  |
| Herefordshire |  |
| Worcestershire |  |
| All |  |

 |
| Which sector best describes your beneficiaries?(Please tick one box only) |

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| Children & Young People |  |
| Environment & Heritage |  |
| The Arts |  |
| Elderly & The Community |  |
| Health & Disabilities |  |
| Social Support |  |
| Hospices |  |

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| Has your charity had any reportable incidents within the past 10 years? \* | YES / NO |
| Does your charity have a safeguarding policy?  | YES / NO / N/A |

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| **Your Appeal** |
| What are you appealing for?  | Project costs / Capital costs (delete as appropriate) |
| Please insert a specific amount. How much are your applying for rounded-up to the nearest £500?  |  |
| How many beneficiaries will be supported in our geographical areas by this grant? |  |
| Please give a brief description of your project or capital expense, in no more than 400 characters.(Further details should be outlined in your supporting letter.) |  |
| What is the total cost of the project or capital scheme? |  |
| How much of the total have you raised already? |  |
| Please list any other grant making bodies that are supporting the project (e.g., Trusts, Lottery, Children in Need etc.). |  |
| Have you applied for a grant from ourselves before? |  |
| If you have received a grant from us previously, please provide us with an impact report, in no more than 400 characters, or attach separate impact report. |  |
| Is there matched funding or a joint collaboration? | YES / NO |
| When does the project or capital work start and finish and describe the current status? |  |
| List any conditions for the project or capital to be completed. |  |
| Are there any other contractual complexities to note? |  |

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| **Checklist** |
| Please check you have completed all parts of the form and tick each box to say you have included all additional information. If any part of your appeal is incomplete, your appeal will be returned and may delayed to a later meeting. |
| All boxes on the application form are completed |  |
| A short supplementary letter is provided |  |
| Your latest set of annual accounts (no older than 18 months per guidance) are attached with your application |  | Year-end: |
| A copy of your Bank Giro Credit or a Bank Statement is attached |  |
| A short explanation of any reportable incidents is attached |  |

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| **Declaration** |
| **The General Data Protection Regulation 2018:**By signing below, applicants agree to the use of any personal data for the Trust’s legitimate interests. A copy of the Trust’s Privacy Policy is included on our web-site. |
| Signature: |
| Date:  |
| **Please email this form and all supporting documents to:** **grants@turnertrust.co.uk** |