

ST MARY NEWINGTON CHARITIES GRANT APPLICATION FORM

Section 1: About Your Project/Activity - Please answer as many questions as are relevant

| | | | | | | | | | | | |
|--|---|--|-------|--|---|--|---|--|---|--|---|
| 1. Name of Project/Activity | | | | | | | | | | | |
| 2. Please describe your project/activity, and why it is needed, in a few words. Please also tell us about your experience of delivering similar work and what resulted. | | | | | | | | | | | |
| 3. When would your project/activity start and finish? | | | | | | | | | | | |
| 4. Where would the project/activity take place? | | | | | | | | | | | |
| 5. Who would benefit and how many people would take part? | | | | | | | | | | | |
| 6. What do you expect will result from the project/activity, what difference will the project/activity make to those taking part and how would you measure the project/activity's success? | | | | | | | | | | | |
| 7. How much will the project/activity cost in total? | | | | | | | | | | | |
| 8. How much are you requesting from SMN Charities? | | | | | | | | | | | |
| 9. Who else are you requesting funds from and how much are you requesting? | | | | | | | | | | | |
| 10. Please give a breakdown of costs which should total to the amount requested in 9. | <table border="1"> <tr> <td><i>e.g. Room Hire: 25 sessions at £10 a time</i></td> <td>£ 250</td> </tr> <tr> <td></td> <td>£</td> </tr> <tr> <td></td> <td>£</td> </tr> <tr> <td></td> <td>£</td> </tr> <tr> <td></td> <td>£</td> </tr> </table> | <i>e.g. Room Hire: 25 sessions at £10 a time</i> | £ 250 | | £ | | £ | | £ | | £ |
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If this is the first time you have applied for a grant from SMN Charities using this form, please complete Sections 2 & 3, otherwise leave it blank.

Section 2: About Your Group/Organisation

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|--|--|
| 1. Name of Group | |
| 2. Address | |
| | |
| Postcode | |
| 3. Group's website address | |
| 4. Name of Contact | |
| 5. Position in Group | |
| 6. Contact details | |
| <i>Tel. Number</i> | |
| <i>Mobile Number</i> | |
| <i>E-Mail</i> | |
| 7. Does your group have rules or a constitution? | Yes/ No (<i>Please delete as appropriate</i>) <i>If so, please attach a copy</i> |
| 8. Does your group have a business bank account? | Yes/ No (<i>Please delete as appropriate</i>) <i>If so, please give details below</i> |
| <i>Name of Bank Account</i> | |
| <i>Bank account number</i> <i>(must be 8 digits)</i> | |
| <i>Sort code</i> | |
| <i>Name of Bank</i> | |
| <i>Address of Bank</i> | |
| | |
| <i>Postcode</i> | |
| 8. How much money do you have in your bank account? (or send us your accounts) | |
| 9. Please write a few words about the aims and activities of your group. | |
| 10. How did you hear about the Grants available? | |

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|---|--|
| 11. Please give one referee that is independent of your group | |
| <i>Name of Referee</i> | |
| <i>Address of Referee</i> | |

Section 3: Declaration

We certify that the information in this application is true to the best of my/our knowledge.

| Signature | Name in Block Capitals | Position in Group |
|-----------|------------------------|-------------------|
| 1) | | |
| 2) | | |

The information provided will be used to assess grant applications and monitor the use of grants. The information which you provide may be shared with other local grant giving organisations and associated bodies (including Community Action Southwark and London Borough of Southwark). It will not be used for any additional purposes or disclosed to other third parties without your permission, except where this is required by law.

Please return asap to:

The Clerk to the Trustees
 Southwark Charities/SMN Charities
 c/o 39 Edward Edwards' House
 Nicholson Street
 London SE1 0XL

Clerk@southwarkcharities.org.uk