**GRANT APPLICATION FORM**



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| **Contact details:** |
| **Name of organisation or name of individual or group applying for grant** |  |
| **Contact name** |  |
| **Position in organisation** |  |
| **Postal address** |  |
| **Post code** |  |
| **E-mail address** (we will use e-mail as the main means of contacting you) |  |
| **Contact telephone number** |  |

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| **About your organisation** |
| **Legal status of organisation** (eg registered charity, not-for profit organisation, school, college, application from an individual or group) |  |
| (If applicable) **Registered charity number** |  |
| **Web site of your organisation** |  |
| **What are the main aims and activities of your organisation or group?****Please provide a link to any governing document (eg charity constitution).** |  |
| **About your project** |
| **How much are you applying for?** |  |
| **What will you use the money for?**You can attach supporting information if needed. |  |
| **How many people will benefit?** |  |
| **Explain clearly how the money will help people who have suffered or been exposed to domestic violence.** (maximum 200 words) |  |
| **Please give details of any other sources of funding for your project** |  |

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| **About your project** |
| **Bank details:****Name and address of bank:****Account name:****Account number:****Sort code:** |  |
| **Does the above bank account relate to another organisation? Yes/No****If yes, please provide a contact name and e-mail address for that organisation and confirmation that the organisation is willing to accept monies on your behalf.** |  |

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| **Confirm and sign your application:** |
| **I have read the terms and conditions of this grant. I declare that all of the information provided in this application is correct and that any money received from Taunton Women’s Aid will be spent for the purposes set out above.** |
| **Signed:** |  |
| **Position:**(CEO or Trustee) |  |
| **Date:** |  |

**Thank you!**

Please send your completed application to: info@tauntonwomensaid.org.uk

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