

TRUST FUNDS GRANT APPLICATION FORM

Trust Fund (To which you are applying, if known)

TELL US ABOUT YOURSELF/YOUR GROUP

Question 1

Name of Group

This is the name of the group or organisation that is applying for a grant. If you are applying as a private individual, put your name here.

Name of main contact in the group (to whom correspondence will be sent)

Title

First Name

Surname

Position held in group

Full Address for Correspondence

Email address

For the primary contact

Question 2

What type of group are you?

If applying as an individual skip to Question 4.

Registered Charity

Scottish Registration Number?

Voluntary

Do you have a constitution? Yes No

Other

If Other Explain

Question 3

What are the main activities, objectives and aims of your group?

TELL US ABOUT THE AWARD

Question 4

**a) How much money are you applying for and briefly describe your project, proposal or activity?
Please include (where appropriate) evidence of need for this project.**

	Total Cost (£)	Amount (£) Requested

b) If the grant is needed for an on-going project, what are your plans for future/ongoing funding

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Question 5

How many people will benefit from the grant? (approximately)

Where geographically will the benefit of the grant be delivered.

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Question 6

What are the main benefits the grant award will achieve

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Other Details

Question 7

a) Give details of any fundraising you have done for the project described in this application?

	Total (£)
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b) Have you applied for, or do you intend applying for funds from other bodies for the project described in this application? If so, tell us how much you have applied for, or intend applying for.

	Amount (£)
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c) Have you applied for a Trust Fund Grant before?

Yes	No
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If yes, when did you apply and for what

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Question 8

Please give information relating to your most recent accounts (audited if applicable)

Applicable to groups and organisations only

Year Ending

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Total Income	£
Minus Total Expenditure	- £
Equals Surplus/Deficit for the Year	= £
Savings (Cash, Investments, Reserves)	£

PLEASE INCLUDE WITH YOUR APPLICATION A COPY OF YOUR MOST RECENT AUDITED ACCOUNTS

I confirm, on behalf of (insert name of group below)

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That I am authorised to sign this declaration on it's behalf, and that to the best of my knowledge and belief all replies are true and accurate.

Signed

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Date

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Should the purchase or event not be carried out, repayment of the full amount will be requested.

Please forward completed form to Trust Accountant, The Moray Council, Council Offices, High Street, Elgin, IV30 1BX.

Contact details: telephone no. 01343 563125, e-mail: accountancy.support@moray.gov.uk