**GRANT APPLICATION FORM**

**If you need any help completing this form please telephone**

**Darren on 07838 215964 or Margaret on 01394 274345**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT NAME** | |  | | |
| **Name of Signposting Organisation** (if applicable) | | | | |
| Address | | | | |
|  | | | | |
| How many years have you been a Felixstowe Resident? | | |  | |
| Daytime telephone number | | |  | |
| Email address | | |  | |
| **GRANT REQUEST** |  | | | |
| Description *What will the funding be used for and how will it help?*  *Please attach any quotations that you have.* | | | | |
|  | | | | |
| Total Grant requested from Felixstowe Relief Charity | | | | **£** |
| Have you asked or will you be asking for any financial help from anywhere else for this need?  **Organisation** | | | | **Amount** |
|  | | | | **£** |
|  | | | | **£** |
|  | | | | **£** |
| Total Cost | | | | **£** |

|  |  |
| --- | --- |
| **DECLARATION** | |
| Felixstowe Relief Charity reserves the right to attach additional conditions to your grant. Any such conditions will be explained in your notification of grant letter.  Felixstowe Relief Charity reserves the right to reclaim any award not spent for the purposes it was granted and/or not spent during the year it was awarded, or re-imbursed at a later date ie by another party.  **All decisions regarding applications are final and non-negotiable.** | |
| *I confirm that I am the named individual completing this grant application.*  *If completing the form on behalf of someone else please detail:* | |
| Name of Person completing this form: |  |
| Daytime telephone number |  |
| Email address |  |
| *I confirm my application meets the conditions of the Felixstowe Relief Charity Grants Policy (requiring* relief to beneficiaries who are in need, by reason of youth, age, ill-health, disability, financial or other disadvantage; or to promote education) *and the information provided herein is, to the best of my knowledge, complete and accurate. I understand and accept the conditions as may be attached to any funding awarded.*  Signed:  (Enter digital signature or name in BLOCK CAPS if completing electronically)  Name: Date: | |
| We may use the information you submit to check the accuracy of information, prevent fraud or detect crime in order to protect charity funds. Where this is necessary, we will comply with all aspects of the Data Protection Act (DPA). | |

Once completed, submit this application form and any supporting documentation via email to [trustees.frc@gmail.com](mailto:trustees.frc@gmail.com) or drop into the Town Hall, Felixstowe IP11 2AG

**We aim to notify you of the outcome as soon as possible upon receipt of completed application being received. Felixstowe Relief Charity reserves the right to request additional information before consideration of this application.**

**FOR OFFICE USE**

|  |  |
| --- | --- |
| **Date Application received:** | **Grant Amount agreed:** |
| **Date applicant informed:** | **Authorised by:** |
| **Date payment made:** |  |