

St. John's, Lichfield

(Founded 1495)

Registered Charity 214784

Steward :
Mr R. M. Hartley

St John Street,
Lichfield,
Staffs., WS13 6PB

GRANT APPLICATION FORM

For voluntary organisations relieving need, hardship and distress
in the Diocese of Lichfield.

Please read through the whole form before filling it in.

1. Name of organisation applying:
2. Name of contact person, and position in organisation:
3. Address for correspondence:

Telephone/s:
Email

Fax

4. Summary of the proposal, service, or activity for which funding is sought;

Ref no:

for use by SJH

11. Will the grant applied for help your organisation as a whole/ If so how ?

12. How will you assess the impact/outcome of your proposal if you receive the funding requested ?

13. What is the total cost of the proposal (as in section 4)?	£
Capital (equipment, premises etc.)	£
Revenue (running costs)	£
Total	£

14. Have you applied to any other funding source ? If yes, please give details of the sums requested and sums promised.

	Applied For	Secured
Local Authority Grants	£	£
Donations from Business	£	£
Grants from trusts	£	£
Fundraising	£	£
Sales/charges	£	£
National Lottery Charities Board	£	£
Your own reserves	£	£

Total

15. For how much are you applying to St John's? Please explain how you intend to use the money requested.

Capital (details)	£
	£
	£
Revenue	£
	£
	£

Total	£

16. Name of bank account to which cheque should be payable:

17. When returning this application form, please enclose copies of your organisations:

- Most recent annual report -
- Most recent annual accounts -
- Any relevant press cuttings -
- Any publicity brochure -

- A. All information supplied is confidential to the Trustees and their employees. If the Trustees subsequently discover that any information given is incorrect they reserve the right:**
- a) to withdraw the offer of a grant
 - b) require the repayment of any grant made
 - c) to refuse to consider future applications
 - d) where it appears that a fraudulent application may have been made, to report the matter to the appropriate authorities and/or institute and any other proceedings which they consider appropriate.
- B Where they consider that another charity may be able to assist or you have approached other charities or bodies, the Trustees may wish to consult those other charities or bodies.**
- C Grants are only payable when the project is sufficiently funded to proceed. The Trustees would normally withdraw any offer if that stage had not been reached within two years of the offer being made.**

DECLARATION

I [full name] am an authorised representative of
[name of organisation]

I/We certify that to the best of my/our knowledge the information provided on this application form is complete and correct

If St John’s Hospital agrees to make a grant, this will be used exclusively for the purposes described.

I/We consent to the information in this form being disclosed to other charities or bodies in the circumstances outlined above.

I/We understand that the Trustees may wish to verify the replies given on this form and I/We authorise and permit the Trustees to release such information contained in this form as may be necessary to enable such verification.

Signed

Position in organisation

Date:

Chairman of organisation applying

Name:

Signature

Treasurer of organisation applying

Name:

Signature