



Grant Application Form

The information you provide on this form will help the trustees to assess your application for a grant. Please be aware that we rarely issue grants for more than £5,000 and do not usually fund revenue costs. We will normally only consider charities and voluntary organisations based in Northamptonshire, Leicestershire or Rutland. For our full grant making policy, please see our website page at www.mhbs.co.uk (My Membership > Charitable Foundation).

ABOUT YOUR ORGANISATION

Name of your charity / voluntary organisation: _____

Registered Charity No. (if applicable): _____

Date Founded: _____

Organisation Address: _____

Type of Organisation: _____

Total income of organisation (in your last financial year): _____

Total expenditure of organisation (in your last financial year): _____

Current balances held in cash, bank and savings accounts: _____

Is there a fee to be a member of the
voluntary group or charity? (If **yes**, how much?): _____

Do you charge a fee for access to your service?:
(If yes, please supply details of your charges
policy/ payment structure) _____

CONTACT DETAILS

Contact Name: _____

Daytime Telephone Number: _____

Email Address: _____

Contact Address (if different to organisation address) : _____

ABOUT YOUR APPLICATION

What do you require funding for? _____

What is the total cost of the project? _____

How much funding do you have towards this project?
(Received or pledged) _____

What individual item would you like us to contribute
towards? _____

How much will the item cost? _____

How much would you like us to contribute towards the cost? _____

How do you see the project benefitting the local community?

Approximately how many local people will benefit? _____

Please state how your project will have a positive impact on the environment (if applicable) _____

If support is awarded to your organisation how will you acknowledge the Charitable Foundation's support?

Please feel free to provide any other information which you feel may be helpful to the Trustees of Market Harborough Building Society Charitable Foundation.

Where did you hear about the Charitable Foundation? _____

DECLARATION

I confirm that I am authorised to make this application on behalf of the above organisation. I also confirm that the information given is accurate and correct.

If this application is successful by signing this form you agree to the following terms:

- The organisation will be bound to use the grant exclusively for the purposes specified in this application.
- If, due to unforeseen circumstances, the project outlined in this application does not go ahead, you are willing to return the full donation amount granted by MHBS Charitable Foundation.
- The Charitable Foundation has the right to request copies of receipts/invoices at its discretion

By submitting this form, you will be indicating your consent to publicity online and press releases about the award (if successful).

Name: _____ Position within the organisation: _____

Signature: _____ Date: _____

Please send this completed form to: Secretary, Market Harborough Building Society Charitable Foundation, Welland House, The Square, Market Harborough, Leicestershire, LE16 7PD.

You should also enclose a copy of your most recent set of annual accounts, or, if your organisation does not produce formal accounts, a simple statement of income and expenditure for the last twelve months. Please also provide photographs of your project, where appropriate, to assist the Trustees when reviewing the application.