

Application No. ..... (for office use only)

## 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. Not every application will be successful and the Trustees do not provide individual feedback if applications are unsuccessful. 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 <b>yes</b> , how much?):                                    |  |
| Do you charge a fee for access to your service?:<br>(If yes, please supply details of your charges<br>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?<br>(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<br>Harborough Building Society Charitable Foundation. |
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|   |
| 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.