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| Jack Lane Charitable Trust  **Registered Charity: 1091675** |
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# Grant Application

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| **Organisation Name:** |  |

## Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | Date: |  | | |
|  | Title | | First | Last | | |  |  | | |
| Organisation Address: | |  | | | | | | |  | |
|  | | Organisational address (or personal address if appropriate): | | | | | | | Post code | |
| Email Address: | |  | | | | | | | |
| OrganisationType:Charity (please provide number), voluntary or individual application | | | | | | | | | |
| Phone number: | |  | | | Start date of project : |  | | | | |

## Application

**The Application Form should be a maximum of TWO pages**

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| **What does your Organisation do?** |
| **What Activity will be supported?** |
| **Who will Benefit?** |
| **How will they Benefit?** |

## Financial information

*Please provide the following information about the project:*

|  |  |  |  |
| --- | --- | --- | --- |
| Amount requested £: | | Bank details if successful:-  Payee Name:  Sort Code:  Account Number: | |
|  |  |  |  |
| What other applications have been made for this project? | | | |
|  |  |  |  |
| Annual income: | | Salaries / Wages: | |
| Annual Surplus: | | Reserves: | |
| Would you be happy for us to use a photo of your project on our website if you were successful?  **Yes / No** Comment**:** | | | |
| How did you hear about the Trust? | | | |
| Have you received funding before from the Trust? If so, what was its impact? | | | |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature / type name: Date:

|  |  |
| --- | --- |
| Office: Application number: |  |

**Jack Lane Charitable Trust, Azets Accountants (Gloucester & Cheltenham Branch), Epsilon House, The Square, Gloucester Business Park, Brockworth, GL3 4AD**