

WEST HACKNEY PAROCHIAL CHARITY  
Registered Charity Number 208941



Completed application forms to be sent to:

West Hackney Parochial Charity  
6 Trull Farm Buildings  
Tetbury  
Gloucestershire  
GL8 8SQ  
01285 841900  
Email: info@westhackneycharity.org.uk

## PROJECT GRANTS APPLICATION FORM

**Please Print In Black Ink**  
**Details of organisation who this application is for:**

|  |           |
|--|-----------|
| Name of organisation applying for grant: |           |
| Project Title:                           |           |
| Address for correspondence:              |           |
| Telephone No:                            | Fax:      |
| Email:                                   | Website:  |
| Name of Contact:                         | Position: |
| Charity No:                              |           |
| Company limited by guarantee No:         |           |

**Describe the organisation's management structure:**

**Numbers of Staff:** Full Time:                      Part time:                      Volunteers:

**Aims of the organisation:**

**Summary of purpose for which funds are requested:**

**Amount requested: £**

**Summarise the main purposes of the work to be funded:**

Outline what will be provided and what you aim to achieve.

Explain why your organisation is equipped to carry out the work and how it will do so.

**Funding received by the organisation in the last two years:**

List money from Local authorities, Primary Care Trusts, Big Lottery, Statutory Bodies, Charitable trusts and Foundations

List sources and amounts:

**How will you review and measure the effectiveness of the project?**

**How many people are expected to benefit?**

**How many of these people will live in the Area of Benefit**

**Which age group will benefit**

| Age                     | Number of users in Area of Benefit |
|-------------------------|------------------------------------|
| Pre-School (0-5yrs)     | _____                              |
| Children (6-11yrs)      | _____                              |
| Young People (12-16yrs) | _____                              |
| Young People (17-21yrs) | _____                              |
| Adults (22-59yrs)       | _____                              |
| Older People (60+)      | _____                              |

**Do you work with Both Sexes?** Yes/No

| Gender | Number of users in Area of Benefit |
|--------|------------------------------------|
| Men    | _____                              |
| Female | _____                              |

**How many of your users consider themselves to have a disability?**

**What will the ethnicity of beneficiaries be? Please provide an approximate breakdown:**

| Ethnicity          | Number of users in Area of Benefit |       |
|--------------------|------------------------------------|-------|
| White              | British                            | _____ |
|                    | Irish                              | _____ |
|                    | Turkish                            | _____ |
|                    | Greek                              | _____ |
|                    | Kurdish                            | _____ |
|                    | Other                              | _____ |
| Mixed              | White and Black Caribbean          | _____ |
|                    | White and Black African            | _____ |
|                    | White and Asian                    | _____ |
|                    | Any other Mixed                    | _____ |
| Asian or           | Indian                             | _____ |
| Asian British      | Pakistani                          | _____ |
|                    | Bangladeshi                        | _____ |
|                    | Any other Asian                    | _____ |
| Black or           | Caribbean                          | _____ |
| Black British      | African                            | _____ |
|                    | Any other Black                    | _____ |
| Chinese or         | Chinese                            | _____ |
| Other Ethnic Group | Filipino                           | _____ |
|                    | Vietnamese                         | _____ |
|                    | Any Other Ethnic Group             | _____ |

**Breakdown of costs.**

PLEASE ATTACH YOUR MOST RECENT ACCOUNTS. PLEASE ALSO EXTRACT FROM THEM THE FOLLOWING INFORMATION.

Charity's income £ \_\_\_\_\_ Charity's Expenditure £ \_\_\_\_\_

Charity's Net Assets £ \_\_\_\_\_

Please tell us if you receive any funds for this project from other organisations, if so how much?

£ \_\_\_\_\_ from \_\_\_\_\_

£ \_\_\_\_\_ from \_\_\_\_\_

£ \_\_\_\_\_ from \_\_\_\_\_

Total cost of the project      £ \_\_\_\_\_

Total Shortfall                      £ \_\_\_\_\_

Amount Requested                  £ \_\_\_\_\_

**If you are applying for revenue funding to cover staff salaries, please give details of the Job Title, the salary to be paid, and the hours to be worked.**  
Please attach a job description.

**To whom should the cheque be made payable?**

**CHEQUES WILL ONLY BE MADE PAYABLE TO SUPPLIERS OF REFERRAL AGENCIES**

**If funding is needed from the foundation for more than one year, how much is requested per year?**

**Year 1: £**

**Year 2: £**

**Year 3: £**

### **Statement**

I certify that the information that I have given in this application is complete and correct to the best of my knowledge. I understand that this information may be shared with other charities or organisations if it is thought that additional support may be available from them.

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Referees**

Please give the name, address, phone number and email address of two individuals who will be willing to act as referees for your project.

**First Referee**

Name:  
Address:  
  
Telephone (including area code):  
Fax Number (including area code):  
Email:

**Second Referee**

Name :  
Address:  
  
Telephone (including area code):  
Fax Number (including area code):  
Email:

How did you hear about the West Hackney Parochial Charity?