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| **ST. FAITH’S TRUST APPLICATION FORM****Name and Address of organisation** **Contact person** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ **Telephone number** **Email Address** **Website Address** **Grant Requested** **Bank or Building Society Name and Address** **Type of organisation** (please tick those that apply)CharityCommunity organisation School/college Health organisation Parish or Town Council  **Organisation’s Details**Charity number (if applicable)Company number (if applicable)Department of Education Number (if applicable) **Date organisation was set up****How many people are on your organisation’s governing body or board of directors?** **Please list their names.**   **Title and Description of Project** (to be no more than one side of A4)­­­­­­­­­­­­­­­­­­­.List specific objectives and activities, including likely beneficiaries: **Duration of the Project**Start Date: Completion Date: **Funding**Has this proposal been submitted to any other source for funding? (Yes/No)Has this proposal previously been submitted to St Faith’s for funding? (Yes/No)**If yes:**To whom: When: Status: **Budget details of the Project****Monitoring of the Project** Please include any **ADDITIONAL COMMENTS AND/OR SUPPORTING INFORMATION** that will help further explain your project. **How did you hear about St Faith’s Trust?** (Please tick and/or answer all that are relevant)St Faith’s WebsiteOther website (please name)Trustee from St Faith’sTrustee from other charityWork colleagueAlready knew about St Faith’sOther (please identify) I certify that all of the above information is true to the best of my knowledge.Name of Applicant: Date:  Please send completed application form by email to; applications@stfaithstrust.com |