

THE HADFIELD TRUST APPLICATION FORM

NAME OF ORGANISATION				
CORRESPONDENT ADDRESS				
TELEPHONE NO.	DAY	NIGHT		
EMAIL ADDRESS				
WEBSITE ADDRESS	http://www.			
CHARITY NO. (if none please state)				
BANK ACCOUNT TITLE				
ACCOUNTS ENCLOSED	YES	NO		
PREVIOUS APPLICATION?	NO	YES	DATE(S)	AMOUNT(S)
IF 'YES' DATE GRANT PAID				
AMOUNT OF GRANT?				
HOW DID YOU BECOME AWARE OF THE HADFIELD TRUST?				
PLEASE STATE CLEARLY THE EXACT PURPOSE FOR WHICH YOU ARE REQUESTING A GRANT. HOW WILL IT BENEFIT DISADVANTAGED PEOPLE IN CUMBRIA OR HOW WILL IT MEET THE TRUST'S CRITERIA FOR FUNDING?				

HOW MUCH WILL IT COST? List principal capital items if applicable	
WHAT SUM HAS BEEN RAISED SO FAR?	
FROM WHERE?	
WHAT IS THE SHORTFALL?	
<p>FOR THOSE WORKING WITH CHILDREN OR YOUNG PEOPLE A WRITTEN CHILD PROTECTION POLICY <u>MUST</u> BE IN PLACE. PLEASE CONFIRM OR OTHERWISE WITH DATE IT WAS LAST REVIEWED.</p> <hr/> <p>PLEASE LIST ALL OTHER FUNDERS TO WHOM YOU HAVE APPLIED FOR THIS PROJECT.</p>	
<p>HOW DO YOU PROPOSE TO EVALUATE THE WORK FOR WHICH YOU ARE APPLYING FOR FUNDING?</p>	
<p>Please <u>use</u> this application form, it helps us greatly in the assessment of your appeal</p>	

NOTES TO APPLICANT

You are welcome to provide other supporting information either in an accompanying letter or separate sheets. Please include a detailed breakdown of the cost of the Project and also a copy of your latest audited accounts

Mr M E Hope

The Hadfield Trust, 3 College Path, Formby, Liverpool L37 1LH

Registered Charity Number

1067491