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| **THE HADFIELD TRUST**  Registered Charity Number 1067491  **APPLICATION FORM** | | | | | | | |
| **NAME OF ORGANISATION** | |  | | | | | |
| **CORRESPONDENT** | |  | | | | | |
| **ADDRESS** | |  | | | | | |
| **TELEPHONE NUMBERS** | | **DAY: NIGHT:** | | | | | |
| **EMAIL ADDRESS** | |  | | | | | |
| **CHARITY NUMBER**  **(If none please state)** | |  | | | | **If not a charity do you have a Constitution? YES/NO**  **(Please supply a copy)** | |
| **BANK ACCOUNT TITLE** | |  | | | | | |
| **ACCOUNTS ENCLOSED** | | **YES** | | | **NO** | | |
| **PREVIOUS APPLICATION?** | **NO** | | **YES** | **DATE(S)** | | | **AMOUNT(S)** |
| **NUMBER OF VOLUNTEERS (in Cumbria):** | | | **NUMBER OF BENEFICIARIES (in Cumbria)** | | | | **NUMBER OF STAFF:**  **Total:**  **In Cumbria:** |
| **HOW DID YOU BECOME AWARE OF THE HADFIELD TRUST?** | | | | | | | |
| **IN NO MORE THAN 100 WORDS PLEASE STATE CLEARLY THE PURPOSE FOR WHICH YOU ARE REQUESTING A GRANT.** | | | | | | | |
| **PLEASE TELL US ABOUT THE CHARITABLE AIMS OF YOUR ORGANISATION INCLUDING WHO ARE YOUR CUMBRIAN BENEFICIARIES** | | | | | | | |
| **PLEASE TELL US HOW A GRANT, IF AWARDED, WILL MEET THE HADFIELD TRUST’S PRIORITIES?** | | | | | | | |

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| **THE AMOUNT OF MONEY REQUESTED?** |  |
| **HOW MUCH WILLTHIS PROJECT COST?**  List principal capital items if applicable |  |
| **WHAT SUM HAS BEEN RAISED SO FAR?** |  |
| **FROM WHERE?** |  |
| **WHAT IS THE SHORTFALL? (this is Project Cost less Sum raised so far)** |  |
| **FOR THOSE WORKING WITH CHILDREN, YOUNG PEOPLE, A WRITTEN CHILD PROTECTON POLICY MUST BE IN PLACE AND REVIEWED ANNUALLY. PLEASE CONFIRM THE DATE ON WHICH THIS WAS LAST REVIEWED:**  **FOR THOSE WORKING WITH VULNERABLE ADULTS DO YOU HAVE A WRITTEN POLICY AND IF SO WHEN WAS THIS POLICY LAST REVIEWED?** | |
| **PLEASE LIST ALL OTHER FUNDERS TO WHOM YOU HAVE APPLIED FOR THIS PROJECT:** | |
| **HOW WILL YOU EVALUATE THE WORK FOR WHICH YOU ARE APPLYING FOR FUNDING?** | |
| **PLEASE SUPPLY THE NAME AND CONTACT DETAILS OF AN INDEPENDENT REFEREE WHO LIVES IN CUMBRIA AND KNOWS OF THE WORK YOUR ORGANISATION DOES IN THE COUNTY.** | |

NOTES TO APPLICANTS:

Please make sure you have included copies of all the documents needed to support your application:

your most recent annual accounts and bank statement (from all of your accounts); project costings and a minimum of 2 quotes for capital items plus a copy of your constitution if not a charity.

Please send either by email to: [**admin@hadfieldtrust.org.uk**](mailto:admin@hadfieldtrust.org.uk)Or via post (after checking that you have attached the correct postage to ) **Ms Susan Berriman, Shoestone Cottage, Garnett Bridge, Kendal, Cumbria LA8 9AZ  
Tel: 01539 823 112**