

THE WIXAMTREE TRUST
GRANT APPLICATION FORM

(PLEASE COMPLETE ALL BOXES)

Name of Organisation:

Name to appear on the cheque if different from above name:

Applicant's Name & Position:

Address:

Tel N^o:

Fax N^o:

E-Mail:

Is your organisation a registered charity?

If yes, Registered Charity Number:

If no, you will be required to send a copy of your constitution

Are you applying for core costs or a project/service operating in Bedfordshire

Outline of organisation's main aims and objectives: (attach separate sheet if necessary)

How many employees do you employ? Full time _____ Part time _____

How many volunteers work for your organisation on a regular basis? _____

Completed form to be returned to Paul Patten, Administrator – preferably by e-mail

If this is not possible, then by post to:

The Wixamtree Trust, 148 The Grove, West Wickham, Kent BR4 9JZ

Tel: 020 8777 4140 E-mail: wixamtree@thetrustpartnership.com

Registered Charity Number 210089

THE WIXAMTREE TRUST

APPLICATION FORM (CONTINUED)

Details of project or service for which funding is sought: (Please indicate how many people in Bedfordshire you believe will benefit from this project or service – attach a separate sheet if necessary)

Total estimated project or service cost: (Include a breakdown of the costs – attach a separate sheet if necessary)

Funds raised and outstanding issues: (Please provide details of any funding already secured and details of any outstanding applications. Also mention any relevant outstanding issues, e.g. planning permission, which may delay the implementation of the project/service - attach a separate sheet if necessary)

Amount Requested: £

For Wixamtree Trust use only:

Meeting Date:	Category Code:
Appeal Description:	
Past donations given:	
Recommendation:	£

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