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| Jack Lane Charitable Trust**Registered Charity: 1091675** |
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# Grant Application

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| --- | --- |
| **Organisation Name:** |   |

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Date: |  |
|  | Title  | First | Last |  |  |
| Organisation Address: |  |  |
|  | Organisational address (or personal address if appropriate): | Post code |
| Email Address: |  |
| Organisation Type: Charity (please provide number), voluntary or individual application  |
| Phone number: |  | Start date of project : |  |

## Application

**The Application Form should be a maximum of TWO pages**

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| **What does your Organisation do?**  |
| **What Activity will be supported?**  |
| **Who will Benefit?** |
| **How will they Benefit?** |

## Financial information

*Please provide the following information about the project:*

|  |  |
| --- | --- |
| Amount requested £:  | Bank details if successful:-Payee Name:Sort Code:Account Number: |
|  |  |  |  |
| What other applications have been made for this project? |
|  |  |  |  |
| Annual income:  | Salaries / Wages:  |
| Annual Surplus:  | Reserves:  |
| Would you be happy for us to use a photo of your project on our website if you were successful?**Yes / No** Comment**:**  |
| How did you hear about the Trust? |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature / type name: Date:

|  |  |
| --- | --- |
| Office: Application number: |   |

**Jack Lane Charitable Trust, Azets Accountants (Gloucester & Cheltenham Branch), Epsilon House, The Square, Gloucester Business Park, Brockworth, GL3 4AD**