**COUNTY TRUST**

 **APPLICATION FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART A General information**

|  |  |
| --- | --- |
| A.1 Name of the Organisation (which must be a recognised charity or have charitable status) |  |
|  |  |
| A.2 Address for correspondence (please include postcode) |  |
|  |  |
| A.3 Telephone number |  |
|  |  |
| A.4 Facsimile number |  |
|  |  |
| A.5 What is the legal status of the organisation? |  |
|  |  | Registered charity |  |
|  |  | Registration number |  |
|  |  | Registration pending |  |
|  |  | Other, please explain |  |
|  |
| A.6 What is the principal geographical area in  which the organisation operates? |  |
| **PART B About Key Personnel of the organisation** |  |
|  |  |
| B.1 Name of contact person |  |
|  |  |
| B.2 Position in the organisation |  |
|  |  |
| B.3 Email address |  |
|  |  |
| B.4 Please list the organisation’s key personnel |  |
|  |  |
| **PART C About the organisation** |  |
| C.1 In which year did the organisation start up? |  |
|  |  |
| C.2 Does it have a formal constitution? |   | yes |  | no |
|  |  |
| C.3 Briefly describe the aims, objectives and activities of the organisation **in no more than 150**  **words**  |  |

|  |
| --- |
| **PART D About the Application & Financial Information** |
|  |  |
| D.1 Is a grant being sought towards the costs of |  | Project |  | Long-term Core |
|  a specific project OR the organisation’s  long term core costs (revenue) | **(Refer to D.3)** **(Refer to D4)** |
| D.2(i) Summarise the purpose of the application  |  |

|  |  |
| --- | --- |
| D.2(ii) Summarise the expected results of the project and how these will be measured |  |
| D.3(i) If funds are being sought towards the cost of a larger project, what is the total cost of the project? |
|  |  |
|  | **Year 1.** | **Year 2.**(if applicable) | **Year 3.**(if applicable) |
|  Capital (equipment, premises etc.) | £ | £ | £ |
|  Revenue (running costs, salaries etc.) | £ | £ | £ |
| **TOTAL** | £ | £ | £ |
| D.3(ii) Amount requested from the Trust (for all applicants) | £(if a grant is being sought over more than one year, please provide details here with the total grant amount)  |
|  |  |
| D.3(iii) What other applications for funding have been made, to whom and what is the current status of these applications? |
|  |

|  |  |
| --- | --- |
| D.4 If the funds are being sought towards the organisation’s long term core (revenue) costs what will a grant pay for and what evidence is there that it is needed. |  |
|  |  |
| D.5(i) Please provide the following financial information  |
| Annual Earned Revenue:(e.g. fees for goods and services) | £ |  |
|  |  |  |
| Annual Gifts and Grants: | £ | **Detail of Annual Gifts and Grants** |
|  |  | Statutory | £ |
| Other Revenue: | £ | Lottery | £ |
|  |  | Individuals | £ |
| **Total Annual Operating Revenue:** |  | Corporations | £ |
|  |  | Foundations | £ |
| **Total Annual Operating Expenses:** | £ | Other | £ |
|  |  | **Total** | £ |
| **Total Surplus (Deficit):** | £ |
| **Current Reserves:** Restricted: £ Unrestricted: £ | **Current Debt: £** |
| **Current Investments: £** |
| **Additional comments re financial summary (if required):** |
|  |
| D.5(ii) To whom should cheques be payable if the application is successful? |  |
| **PART E History – Previous Applications** |
| E.1(i) Has an application been made |  | yes |  | no |
|  to the County Trust before? |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| E.1(ii) Briefly describe how the previous grant(s) helped to achieve the objectives of the project for which it was sought. |  |

**Declaration**

When the application form has been completed an authorised Trustee or Official of the applicant organisation must sign the declaration below. All applications must be sent only by **post** to:-

**The Trust Administrator**

**County Trust**

**County House**

**156-158 High street**

**Bushey**

**WD23 3HF**

The Volant Trust does not accept applications by email or fax.

I …………………………………………………….. am an authorised representative of

 (Print Full Name)

Name of organisation ……………………………………………………………………….

To the best of my knowledge the information provided is correct.

If The County Trust agrees to make a grant this will be used exclusively for the purposes described in this application.

**Checklist**

**Before signing please ensure that**:

* you have read The County Trust guidelines
* you have answered all the questions and signed the declaration
* you have enclosed a copy of your latest annual report and audited accounts, in hard copy format not in disk format, thank you.

Signed ………………………………………… Date …………………………….

* Position in organisation ………………………