

THE MARY SALMOND TRUST

APPLICATION FOR FUNDING

If applying on behalf of an organisation, please complete Sections 1, 3 and 4

If applying on behalf of an individual, please complete Sections 2, 3 and 4

SECTION 1 – APPLICATION ON BEHALF OF AN ORGANISATION OR GROUP

Organisation Name		Tel. No	
Address		Post Code	
		Fax	
E-mail			
How long has your organisation been in existence?			
Are you a branch of a larger organisation?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you a Registered Charity	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Charity No		Date Established	
Is your charity subject to regulation?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Care Commission <input type="checkbox"/>		Disclosure Scotland	<input type="checkbox"/>

Contact Details	The person who is applying on behalf of the organisation		
Applicant's Name		Telephone Numbers	
Job Title		Daytime	
E-mail		Evening	
Fax		Mobile	

Give a brief summary of the work of your organisation: (*max 100 words*)

How is your organisation governed and managed?

How is your organisation staffed?	No. Full-time	No. Part-time	No. Sessional
Paid Staff			
Volunteers			

SECTION 2 – APPLICATION ON BEHALF OF YOURSELF (BENEFICIARY)			
Applicant's Name		Telephone Numbers	
Job Title		Daytime	
Address		Evening	
		Mobile	
		Fax	
		Post Code	
E-mail			

Tell us a little about yourself (*max 100 words*)

SECTION 3 – FINANCE

Please tell us your total income and expenditure for the last full financial year (**organisations only**)

Income Year

/

Expenditure Year

/

£

£

Please enclose a full copy of your Annual Accounts for the above year.

Who will directly benefit from this grant and how?

SECTION 4 – REFERENCE AND DECLARATION

The Referee must be willing to talk about your application and sign and date this form. Please provide the details of an individual who is independent of your organisation but knows your work well or, who can confirm the details of your application.

Title and Full Name (Dr, Mr, Mrs, etc.)		Post Held (if applicable)	
Organisation (if applicable)		Telephone Numbers	
Address		Daytime	
		Evening	
		Mobile	
		Fax	
Post Code		Email	

REFEREE'S STATEMENT

To the best of my knowledge, the information given on this form, gives a true and accurate account and I can talk to you about this grant request if required.

Signed _____ Date _____

DECLARATION

I can confirm that to the best of my knowledge and belief, all the information in this application is true and correct. I declare that I am authorised to make this application in accordance with the guidelines.

Signed _____ Date _____

Data Protection Act 1998

To comply with this Act, the Trust requires the applicant's consent to use personal data supplied by the applicant in the processing and review of a grant application. This includes transfer to and use by such individuals and organisations as the Trust deems appropriate. The Trust requires further assurance that personal data about any other individual is supplied to the Trust with his/her consent. A signature on the Application Form confirms this assent and assurance.