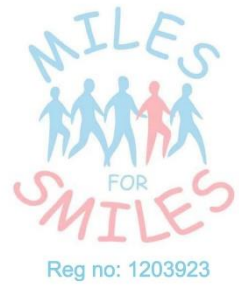


Organisation Grant Application Form



1/1

Section 1: ABOUT YOUR ORGANISATION

1. Full name of your Charity/Community Voluntary Organisation

2. Registered address, including the full postcode

Address:

Post Code:

Telephone number:

E-mail:

Website:

Facebook :

Name of Person filling out the application:

Position within the organisation:

Telephone Number if different to above:

E-mail if different to above:

Charity Number (if applicable)

Company Number: (if applicable)

2. What type of organisation are you?

Registered Charity ☐

Community /Voluntary Organisation ☐

3. More about your Organisation

(i) What are your charitable purposes or objects?

ii) What are your main activities?

4. How many people are involved in your group or organisation?

(i) Tell us how many are:

Members/ Users _____ Volunteers _____ Committee/ Board _____ Employees _____

Other (please specify) _____

Section 2: ABOUT YOUR PROJECT OR SERVICE

5. Which of the Miles for Smiles objectives does your project fit into?

Please tick any of the options that apply as listed below:

Life Limiting Illness ☐

Life Changing Illness ☐

Other Type of Disability ☐
(please specify below)

6. Tell us about your project or service.

(i) Please give a brief description of your requirements and its purpose including number of beneficiaries the project will support.

(ii) What is the total cost of your project? £

(iii) What amount are you requesting from this bid? £

(iv) Please provide an itemised breakdown of the project costs, if not sufficient room please provide as separate document

Section 3: SIGNING-OFF YOUR APPLICATION

- 8. For all applicants. The main contact (identified at Q2) should complete the declaration below:**

On behalf of the charity identified at Q2, I declare that:

I am authorised to make this application. All the information I have provided is truthful and accurate.

I have read the Miles for Smiles Grant Making Policy and confirm we understand our obligations within it.

We are aware that Incomplete application Forms will be rejected.

I declare that if a grant is awarded, that the money will be used solely for the purposes outlined in this application and that proof of this will be returned to Miles for Smiles for monitoring purposes. If details of the project or service change, I will notify Miles for Smiles immediately.

Signed:

Date:

Once you have completed your application form, please return, with a copy of your constitution/governing document to:

milesforsmilesenquiries@gmail.com

Many thanks

The Miles for Smiles Team

Miles for Smiles follows the ICO guidance on data protection, please click the link for our privacy policy www.milesforsmilesuk.com/privacy or request a copy.