

FUNDING APPLICATION FORM

Thank you for applying for a grant from Highway Community Action Trust. We'll endeavour to get in touch with you...

Advice:

- Please return completed application form to: Highway Community Action Trust, Highway House, Church Road, Penryn, Cornwall TR10 8DA.
- Please complete this form using block capitals & black ink
- You may wish to keep a copy of this application form for your own records.

Organisation or Personal Details

Name of Contact:

Date of Application:

Name of Charitable Organisation:

Position within organization:

Date of Birth (if under 18):

Address:
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Post code:

Telephone Number:

E-mail:

Grant Summary

Amount of Grant Required: £

Purpose of Grant:

Cut off date (if applicable):.....

Please make clear to who and where payment should be made:

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Highway Community Action Trust (HCAT)
Highway House, The Old School,
Church Road, Penryn, TR10 8DA
Tel: 01326 618545

Not for Profit Company - Limited by Guarantee.
Registration No. 08084504. Registered Charity No. 1150084

Grant Details

Advice:

- Please feel free to attach further information to this sheet if required.

What is the grant required for? (Please provide full details, and the total estimated costs of any project, which is being undertaken)

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Please let us have details of how much money has been raised so far, where the money is held and whether or not there is a time limit by which the money has to be raised and, if so why?

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Endorsements:

Advice:

- In this section we are asking for two endorsements. Both must be willing to talk about your application,
- For individual applicants a parent or guardian must complete.

Endorsement 1

Someone who leads or manages your organization, but not the person named on the first page of this application form.

Name: Mr/Mrs/Miss/Ms:

Position in organization / relationship:

Organisation:

Address:

Post Code:

Daytime Tel: Evening Tel:

Statement: To the best of my knowledge the information given on this form gives a true and accurate account of this organisation's work and needs.

Signed: Date:

Endorsement 2

Someone who is independent of your organisation that knows your work well.

Name: Mr/Mrs/Miss/Ms:

Position in organization / relationship:

Organisation:

Address:

Post Code:

Daytime Tel: Evening Tel:

Statement: To the best of my knowledge the information given on this form gives a true and accurate account of this organisation's work and needs.

Signed: Date:



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Checklist

Please make sure you have done the following:

- ✓ Have you completed every question on the form?
- ✓ If you are applying for specialist equipment for use by a disabled child/adult (wheelchairs, touch talkers, computers etc.) have you attached a professional assessment from a relevant therapist or medical consultant? NB: Please enclose this - omission may delay your grant.
- ✓ Have you photocopied this application for your own files?
- ✓ Highway Community Action Trust reserves the right, to use material from successful applications to promote or advertise the work of the Trust, unless we are specifically asked not to do so at this application stage. Please include in this application if you are unhappy for us to do so.

Signature of applicant: Date:

Please return completed application form to:

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