# ***SUTTON POORS LAND CHARITY***

***REGISTERED CHARITY***

## *NO 204546*

# ***GRANT APPLICATION FORM***

* The Sutton Poors Land Charity can only provide support for people suffering hardship in the Parish of Sutton, Ely.
* The information contained in this application form will be provided to the charity in confidence and will not be disclosed to anyone other than the Clerk and Trustees.
* Standard procedure is to pay for the supply of goods or services directly with the supplier.
* Continue on a separate piece of paper if more space is needed.
* Please ensure you are clear as to how much financial help you are requesting to ensure the Trustees have all the information, they need to make a decision.
* If you are applying on behalf of an organisation or group, please include the latest audited statement of financial activities and current year’s budget.
* The lawful basis for the Poors Land Charity to collect and process personal data is that it is necessary for assessing and administering your Grant Application. The Charity will hold and use your data in accordance with GDPR. A copy of the Charity’s Privacy Policy is available upon request.
* The Trustees meet every 2 months and your Grant Application will be discussed at the next meeting. If it is felt by the Clerk that the matter is urgent, the Trustees will discuss over email.
* Applicants are advised that failure to disclose any relevant information may prejudice their application. Misleading or inaccurate information may lead to your application being refused.
* Please return all applications to:

The Clerk

Sutton Poors Land Charity

[suttonpoorsland@gmail.com](about:blank)

Feb 2022

**For individual to complete if applying as an individual:**

|  |  |
| --- | --- |
| FAMILY NAME |  |
| OTHER NAMES |  |
| DATE OF BIRTH |  |
| OCCUPATION where applicable |  |
| ADDRESS OF APPLICANT |  |
| E mail address |  |
| Telephone number |  |
| HOW MANY YEARS AT THIS ADDRESS? |  |
| NAMES & AGES OF CHILDREN OR OTHER PERSONS LIVING AT HOME |  |
| PAYEE DETAILS (Supplier of goods/services) |  |

**REASONS FOR APPLICATION GUIDANCE NOTES– Please give as much details as possible in the box below.**

* **What help are you applying for? Educational support, household goods, contribution towards essential costs.**
* **Do you have any special needs or disabilities?**
* **Please state any other organisations you have applied to for this help.**
* **Have you successfully applied for help before with Sutton Poor’s Lane Charity? If so, what did you receive and when?**
* **What has caused you to need this help?**
* **Are you or any other adults in your household in work? Do you receive benefits?**
* **How much financial assistance you are applying for?**

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| **REASON FOR APPLICATION** |

**CONSENT AND DECLARATION**

I/We consent to the Sutton Poors Land Charity processing the personal information supplied in accordance with GDPR and in strict confidence.

I/We declare that the information given on this form is complete and accurate to the best of my/our knowledge.

Applicant signature…………………………………………………………….. Date…………………………………………………

**For organisation / group to complete:**

|  |  |
| --- | --- |
| NAME OF ORGANISATION MAKING APPLICATION |  |
| NAME and POSITION OF PERSON TO WHOM CORRESPONDANCE SHOULD BE ADDRESSED |  |
| ADDRESS OF CORRESPONDANCE |  |
| EMAIL ADDRESS |  |
| TELEPHONE NUMBER |  |
| PAYEE FOR GRANT PAYMENT  Supplier of goods/services |  |
| DETAILS OF THE ORGANISATION ie. What does it do? |  |
| WHAT IS THE GRANT FOR AND WHO WILL IT BENEFIT (give details of the project)  Please include how much money you are applying for. |  |
| HAVE YOU APPLIED TO ANY OTHER BODY FOR A GRANT TOWARDS THIS PROJECT? (IF YES, PLEASE GIVE DETAILS) |  |
| HOW ELSE TO YOUR RAISE INCOME? (GIVE DETAILS OF SUBSCRIPTIONS, FUNDRAISING AND CONTRIBUTION IN KIND) |  |
| WHAT AGE GROUPS DO YOU CATER FOR? |  |
| TOTAL NUMBER OF MEMBERS and what % are Sutton residents? |  |
| ARE YOU A REGISTERED CHARITY? IF YES, PLEASE PROVIDE YOUR CHARITY NUMBER |  |

**Please attach your latest audited statement of financial activities and current year’s budget.**

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| **ANY MORE INFORMATION?** |

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I/We declare that the information given on this form is complete and accurate to the best of my/our knowledge.

Applicants signature…………………………………………………………….. Date………………………………………………