**Application for a Grant from James Thomas Blair Charity (No 221248)**

Please read the attached guidelines before completing this form

To enable us to consider your application, all sections of the form must be completed

|  |  |
| --- | --- |
| **DETAILS OF THE ORGANISATION** |  |
| Full Name of Group |  |
| Age Group of members/clients/beneficiaries/users |  |
| Year established |  |
| Address (including postcode) |  |
| Email address |  |
| Website/Twitter/Facebook |  |
| Main Contact: Name Position Telephone Email (if different from above)  |  |

|  |  |
| --- | --- |
| **TYPE e.g. Charity, CIC, Voluntary Group** | Delete as appropriate |
| Charity No (if applicable) |  |
| Do you have a Constitution or Governing document? | YES / NO |
| Are your volunteers DBS checked? | YES / NO |
| Do you have a Safeguarding Vulnerable Adults Policy? | YES / NO |
| Do you have a Bank account which requires two or more signatories? | YES / NO |
| Do you have a management committee? | YES / NO |
| Have there been any safeguarding concerns raised in the last 12 months | YES / NO (if yes please advise how these concerns were addressed at the bottom of this application) |
| Have you applied elsewhere for funding for this project or activity? If yes, please give details here of any funding you have secured towards this project. | YES / NO |

|  |  |
| --- | --- |
| **FINANCE** |  |
| What was your income for the last financial year? |  |
| How much was your expenditure? |  |
| **BANK ACCOUNT DETAILS** |  |
| Bank NameAddressSort Code |  |
| Account Name |  |
| Account Number |  |
| **OVERALL PURPOSE OF YOUR ORGANISATION**Please use this space to describe your organisation’s general aims and objectives. You can use your Mission or Vision Statement as a guide to summarising your work. |
| **Grant Request**Grants range from £250 to £2,000 (please describe the purpose for which this grant is requested. Please provide copies of quotes or estimates for specific items. *Please provide an assessment of the risks associated with your activity and how you will manage them.*) |
| **Statistics**Please provide the number of older people benefitting from your services currently and how many employees, volunteers and management committee members you have. |
| How many volunteers will assist on this project? |  |
| How many older people will benefit? |  |
| What are your estimated project start and finish dates? |  |
| What will be the positive outcome for your group or community? |  |

|  |
| --- |
| **SIGNATURES**To the best of our knowledge the information provided in this application is correct and we agree to keep to the terms and conditions outlined in the guidelines should any aid be provided. We understand that the completion DOES NOT guarantee that any funding will be approved. We also agree to contact JT Blair concerning ANY changes to the details provided on this form. |

|  |  |
| --- | --- |
| Signed on behalf of the organisation: |  |
| NAME (block capitals): |  |
| Position in the organisation: |  |
| Date |  |

Have you included the following documents?

* Copy of your Constitution
* Safeguarding Vulnerable Adults Policy
* Most recent Accounts
* Most recent Bank statement (produced within the last three months) – for groups established for less than one year
* Costings/estimates where applicable

Completed forms and documentation to be emailed to: jtblairs@gmail.com

*The Trustees retain the right to amend or alter the requirements for grant applications as necessary*

|  |
| --- |
| Please can you provide details of how any safeguarding concerns raised in the last 12 months were addressed?  |