

GRANT APPLICATION FORM

Section 1:

Applicants are advised to read the enclosed Guidance Notes before completing this form.

(Please type or print clearly in black ink)

NAME OF ORGANISATION	
CONTACT PERSON:	
CONTACT PERSON ADDRESS:	
POST CODE:	
TELEPHONE NO:	
POSITION IN ORGANISATION:	
ORGANISATION/ ADDRESS <i>(if different from above)</i>	
POST CODE:	
TELEPHONE NO:	
NAME OF BANK ACCOUNT FOR GRANT CHEQUE	

WHAT DO YOU WANT THE GRANT FOR

Section 2:

PLEASE TELL US THE STORY OF THE ORGANISATION SHOWING HOW YOU IDENTIFY AND HELP MEET NEED. *Please also include information on any other sources of funding grants available or being applied for:*

HOW WILL THE GRANT BE USED

Section 3:

DESCRIBE HOW THE MONEY WOULD BE USED - GIVING A BREAKDOWN OF COSTS WHERE POSSIBLE:

PLEASE STATE THE TOTAL AMOUNT OF GRANT YOU ARE APPLYING FOR:	
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REFERENCES

Section 4:

1. FIRST REFEREE:

Name:				
Address:				
Job Title/Role:				
Contact:	<i>Office House - Tick as appropriate:</i>			
	During		After:	
Telephone Number:				
Fax Number:				
E-mail:				

2. SECOND REFEREE:

Name:				
Address:				
Job Title/Role:				
Contact:	<i>Office House - Tick as appropriate:</i>			
	During		After:	
Telephone Number:				
Fax Number:				
E-mail:				

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Section 5:

ADDITIONAL INFORMATION

Please enclose the following

- A copy of your governing document, either constitution, trust deed or memorandum and articles of association
- A copy of your organisation's most recent financial statement, audited accounts or independently examined accounts.
- A copy of your most recent annual report, if one is published.
- Two letters of support from referees.

Tick the box for each item you have enclosed; if not ticked, please indicate why in the box below:

Please return completed application to:

Development Officer
The Pastoral Care Trust
Archdiocese of Glasgow
196 Clyde Street
GLASGOW
G1 4JY

TEL: 0141 226 5898
FAX: 0141 225 2600
E-mail: PCTrust:rcag.org.uk
WEB: www.rcag.org.uk