**GRANT APPLICATION FORM**

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| **Section 1**Applicants are advised to read the enclosed Guidance Notes before completing this form.**APPLICATIONS MAY BE SENT BY POST OR BY EMAIL****Protecting your information.** Information provided on this form, together with all other personal data held about this(/these) individual(s) by the PCT-St Nicholas Care Fund is processed in line with our Privacy Policy which is available at: <http://www.rcag.org.uk/index.php/the-archdiocese/diocesan-curia/privacy-notice> ***(Please type or print clearly in black ink)*** |
| **NAME OF****ORGANISATION** |  |
| **CONTACT PERSON** |  |
| **CONTACT PERSON****ADDRESS** |  |
| **POST CODE** |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **POSITION IN ORGANISATION** |  |
| **ORGANISATION ADDRESS** *(if different from above)* |  |
| **POST CODE** |  |
| **TELEPHONE NUMBER** |  |
| **NAME ON BANK ACCOUNT FOR GRANT CHEQUE** *(i.e. cheques made payable to, if successful)* |  |

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| **WHAT DOES YOUR GROUP DO** |
| **Section 2** PLEASE TELL US THE STORY OF THE ORGANISATION SHOWING HOW YOU IDENTIFY AND HELP MEET NEED. *Please also include information of any other sources of funding grants available and/or of other applications which have been made.* |
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| **PLEASE STATE THE TOTAL AMOUNT OF MONEY FOR WHICH YOU ARE APPLYING** |  |

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| **HOW WILL THE GRANT BE USED** |
| **Section 3** DESCRIBE HOW THE MONEY WOULD BE USED - GIVING A BREAKDOWN OF COSTS WHERE POSSIBLE. |
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| **PLEASE STATE THE TOTAL AMOUNT OF MONEY FOR WHICH YOU ARE APPLYING** |  |

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| **R E F E R E N C E S** |
| **Section 4**PLEASE APPROACH YOUR REFEREES, ASKING THEM TO SEND **YOU** THEIR LETTERS OF SUPPORT, FOR YOU TO INCLUDE WHEN YOU SUBMIT YOUR APPLICATION.**1. FIRST REFEREE** |
|  | **Name** |  |  |
|  | **Address** |  |  |
|  | **Job Title/Role** |  |  |
|  | **Contact** | Office House - *Tick as appropriate:* |  |
| During: |  | After: |  |  |
|  | **Telephone Number** |  |  |
|  | **E-mail** |  |  |
|  |  |  |  |
| **2.** | **SECOND REFEREE** |  |  |
|  | **Name** |  |  |
|  | **Address** |  |  |
|  | **Job Title/Role** |  |  |
|  | **Contact** | Office House - Tick as appropriate: |  |
|  | During: |  | After: |  |  |
|  | **Telephone 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.If applying for equipment, a quotation to justify the amount stated.Tick the box for each item you have enclosed; if not ticked, please indicate why in the box below: |
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| Please return completed application to:Pastoral Care Trust CoordinatorPCT-The St Nicholas Care FundArchdiocese of Glasgow196 Clyde Street **TEL:** 0141 226 5898**E-mail:** PCT@rcag.org.uk**WEB:** [www.rcag.org.uk](http://www.rcag.org.uk)GLASGOW G1 4JY   |