**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 Coordinator  PCT-The St Nicholas Care Fund  Archdiocese of Glasgow  196 Clyde Street  **TEL:** 0141 226 5898  **E-mail:** [PCT@rcag.org.uk](mailto:PCT@rcag.org.uk)  **WEB:** [www.rcag.org.uk](http://www.rcag.org.uk)  GLASGOW  G1 4JY | | |