 Sir Andrew Martin Trust for Young People

**Charity Number 1042358**

Application Form

**for a group or organisation**

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| For Trust use only |
| Reference No. |   |
| Date received |  |

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| **Contact Information**  |
| Name of group or organisation |  |
| Name of contact person |  | Position held |  |
| **Address****Post Code** |  |
| Telephone No. |  | Mobile No. |  |
| Email address |  |
| What is the group or organisation’s aim or purpose?  |  |
| What services do you currently provide for young people? |  |
| **About the Grant Being Sought** |
| **Describe how the grant you are seeking will be spent**  |  |
| **Explain how this will make a difference to the lives of young people in Leicester, Leicestershire and/or Rutland** |  |
| **What is the total cost of your project?** | £  | **How much are you seeking from the Trust?** | **£**  |
| **Please provide a simple budget showing how you will spend the grant** | **Item** | **£** |
|  |  |
| **If you are not seeking the total cost from the Trust, how will you find the remainder?** |  |
| **Have you received a grant from the Trust before?** |  | **If so, please say when, for what purpose and for what sum** |  |
| **About Your Group or Organisation’s Finances** |
|  **I enclose (or am forwarding separately) a copy of my group or organisation’s most recent accounts. The accounts for an organisation should be audited or certified by an independent examiner** | Please tick □ |
| Payment Details |
| **Please give the full details of the bank account payable** | The name as it appears on the account:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sort code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Publicity** |
| **From time to time the Trust publicises its work through presentations and other means. If awarded a grant, would you be willing to take part in such publicity? This is not a requirement.** |   |
| **Please say how you learned of the Martin Trust.** |  |
| **Signature** |
| **Signature of the person submitting the application**  |  |
| **Date submitted** |  |

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| **Submitting an Application** |
| Please make your application by printing a copy of the completed application form and sending it (*with a copy of your organisation’s most recent accounts*) by post to the Trust Administrator, Sir Andrew Martin Trust, c/o Walkers Charnwood Bakery, 200 Madeline Road, Beaumont Leys, Leicester, LE4 1EX |