DUKE OF DEVONSHIRE'S CHARITABLE TRUST

Application Form

Before completing this form, **please read the guidelines provided to ensure your application is suitable.** Incomplete or inaccurate applications will not be considered. Do not attach additional support materials or case studies, as these will not be considered**.** Do not exceed the space provided – no more than these 4 pages and your accounts will be passed to the Trustees for consideration.

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| **NAME OF ORGANISATION**:  |
| **GRANT CHEQUE PAYABLE TO**: *If this is not the organization named in the application we may need to seek references to ensure that the money will be directed appropriately to the project named.* |
| **CHARITY REGISTRATION NUMBER**: *Applications will only be accepted from UK registered charities unless the organisation has "exempt" or "expected" status such as churches, hospitals and educational establishments.*  |
| **PROJECT NAME (or whether application is for core costs**)  |
| **APPLICANTS CONTACT DETAILS: TITLE** **FIRST NAME** . **SURNAME** **JOB TITLE**  |
| **ADDRESS**  **POSTCODE** .**TEL.NO**: **E-MAIL ADDRESS** **WEBSITE *(if applicable)*:**  |
| **Please tick which region you are looking for funding for:****(Please note that if you are not within one of the regions of interest to the trust (see guidelines), your application may not be successful).** North East Derbyshire [ ]  North Yorkshire [ ]  Eastbourne [ ] Other (please specify)  |
| **CATEGORY OF ORGANISATION (please tick one only)**Arts [ ]  Community [ ]  Education [ ]  Environment [ ] Youth [ ]  Health [ ]  Religion [ ]  Welfare [ ]  Other (please specify)  |
| **Where did you initially hear about the Duke of Devonshire’s Charitable Trust?** (E.g. through your local CVS, searching on Funding Central website, word of mouth etc.)  |
| **Have you applied for a grant from the Duke of Devonshire's Charitable Trust before?** **Please note all unsuccessful applicants are asked to not reapply within at least a 12-month period. Successful applicants are asked to wait 5 years before applying again.**YES [ ]  (If yes, date of last application )NO [ ] **Please note all unsuccessful applicants are asked to not reapply within at least a 12-month period. Successful applicants are asked to wait 5 years before applying again.** |

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| **Describe the organisation's structure:**   |
| **Number of staff:** Full time: Part time: Volunteer:  |
| **Aims of the organisation**:  |
| **Summarise the main purposes of the work to be funded:***Outline what will be provided and what you aim to achieve.**Explain why your organisation is equipped to carry out the work and how it will do so.*  |
| **Please outline the group of people you wish to support:***Please include information such as age group, if you work with both genders and if any of your users would consider themselves to have a disability.*  |
| **How many people are expected to benefit directly from this project?***Include only those people who live in the actual area the project works in.*  |
| **How will you review and measure the effectiveness of this project?**  |
| **Please outline the financial plan for the project:***Include in your budget anticipated expenditure and income for the year and the overall cost of the project.*   |
| **What is your current and proposed fundraising plan:***Include funds raised to date (amounts and sources), plans for future fundraising and where you propose to source any shortfall in funding.*  |
| **How much are you requesting from the DDCT?**  |

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| **IT IS ESSENTIAL THAT YOU ATTACH YOUR MOST RECENT ACCOUNTS****Your application will not be considered without this information** |

**Statement**

I certify that the information that I have given in this application is complete and correct to the best of my knowledge.

**Signed**:

**Date**: