DUKE OF DEVONSHIRE'S CHARITABLE TRUST



**APPLICATION FORM**

Before completing this form, please read the [guidelines](http://ddct.org.uk/guidelines/) to ensure your application is suitable. Incomplete or inaccurate applications will not be considered. Do not attach additional support materials, annual reports or case studies, as these will not be considered.

IT IS ESSENTIAL THAT YOU ATTACH YOUR MOST RECENT ANNUAL ACCOUNTS: Your application will not be considered without this information.

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| **NAME OF ORGANISATION**: Click or tap here to enter text. |
| **CHARITY REGISTRATION NUMBER**: Click or tap here to enter text.  *The Trust only considers applications from UK registered charities, Charitable Incorporated Organisations (CIOs) and Community Interest Companies (CICs). Your registration number must be included in your application (unless you have exempt status as a church, educational establishment, hospital etc.).* |
| **PROJECT TITLE / SUMMARY:** *(Please keep this to 2 to 3 lines, you will have the opportunity to explain in detail overleaf)*  Click or tap here to enter text. |
| **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**](http://ddct.org.uk/guidelines/)*), your application may not be successful.*  North East Derbyshire  North Yorkshire  Eastbourne  Other (please specify) Click or tap here to enter text. |
| **Have you applied for a grant from the Duke of Devonshire's Charitable Trust before?** *.*  YES - SUCCESSFUL  Date of application/ amount awarded: Click or tap here to enter text.  YES – Unsuccessful  Date of application: Click or tap here to enter text.  NO  *Please note all unsuccessful applicants are asked to not reapply within at least a 12-month period. Successful applicants are asked to wait 2 years before applying again* |

**Now is your chance to tell us a little more about your organisation and your project:**

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| **1. YOUR ORGANSIATION**  **Please tell us about your charity or organisation.**  Include your charitable aims and a very brief background about what your organisation does and where it operates.  Click or tap here to enter text. |
| **Number of staff:** Full time:Click or tap here to enter text. Part time: Click or tap here to enter text.Volunteer:Click or tap here to enter text. |
| **2. YOUR PROJECT**  **Summarise the main purposes of the work you are asking for funding for.**  *Outline what will be provided and what you aim to achieve.*  *Tell us who will benefit from this project and why.*  *Explain why your organisation is equipped to carry out the work and how it will do so.*  Click or tap here to enter text. |
| **3. YOUR MONEY**  **Please outline the financial plan for the project.**  *Include in your budget your anticipated expenditure and income for the year and the overall cost of the project.*  *Tell us about your funds raised to date (amounts and sources), plans for future fundraising and where you propose to source any shortfall in funding.*  Click or tap here to enter text. |
| **How much are you requesting from the DDCT?** |
| **4. YOUR FUTURE**  **Tell us how will you review and measure the effectiveness of this project.**  *We will also ask you to complete an End of Grant Monitoring Form 12 months after any grant is made to tell us how the project went.*  Click or tap here to enter text. |

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| **5. WHAT NEXT?**  We need a little more information from you to keep in touch:  APPLICANTS CONTACT DETAILS:  FULL NAME: Click or tap here to enter text.  JOB TITLE: Click or tap here to enter text.  POSTAL ADDRESS: Click or tap here to enter text.  POSTCODE: Click or tap here to enter text.  TEL.NO: Click or tap here to enter text.  E-MAIL ADDRESS: Click or tap here to enter text.  WEBSITE *(if applicable)*: Click or tap here to enter text.  Please be assured that we will contact all applicants, regardless of the outcome of the trustee’s deliberations. |
| **6. AND FINALLY………**  **Where did you hear about the Duke of Devonshire’s Charitable Trust?**  (E.g. through your local CVS, searching on Funding Central website, word of mouth etc.)  Click or tap here to enter text. |

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| **IT IS ESSENTIAL THAT YOU ATTACH YOUR MOST RECENT ANNUAL 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**: Click or tap here to enter text.



**Date**: Click or tap here to enter text.