

Registered Charity No: 277616

Please read the guidance notes before
submitting your form. This form is to be
used only for this Fund, which is giving
away 4 x £10,000 grants.

Ref No:

Closing date: 24th May 2019

| | |
|----------------------|--|
| Date of application: | |
| 1. | Organisation Name: |
| 2. | If the organisation is part of a larger organisation, what is its name? |
| 3. | Full postal address of applicant: |
| | Postcode: |
| 4. | Main Contact Person for this application: Mr/Mrs/Ms/Miss |
| 5. | Position held in organisation: |
| 6. | Telephone: |
| 7. | E-Mail: |
| 8. | Do you consent to us using your e-mail address as our primary means of contacting you? Yes/No |
| 9. | Organisation's web site: |
| 10. | Legal status of organisation: |
| 11. | Charity Number, if registered: |
| 12. | Are your latest accounts available on the Charity Commission's web site? Yes/No |
| | If not, tick to show they are enclosed with this application: <input type="checkbox"/> |
| 13. | What are the main aims and activities of your organisation? |

14. The 'Norman Trust 40 Award' is an opportunity for your organisation to bid for a £10,000 grant. Please summarise, in less than 30 words, what this grant would be used for:

15. Overall project cost, if applicable: £

16. Now please tell us in more detail how a grant of £10,000 would benefit your organisation. (Please attach or insert any quotes, budgets, plans etc):

17. What steps, if any, have you taken so far to raise the funding required? Please list funders' names and addresses and any grants received or promised.

18. Where will the beneficiaries of the project be located (must be within EX1-15 or EX24)?

19. Please list any previous applications to the Norman Trust within the last 5 years, and whether they were successful or not.

Grant Payment Details

Please complete the following details:

BACS Payment

Please ensure that you enclose proof of your organisation's bank account details, as stated in the Guidance Notes.

| | |
|---------------------------|--|
| Name and address of bank: | |
| Account name: | |
| Account number: | |
| Sort Code: | |

Please tick one of the following boxes to confirm whether you are happy for your organisation's bank details to be retained by the Norman Trust:

Yes:

No:

Please confirm which bank account identification you have enclosed (copies are acceptable):

Bank statement Paying-in slip Cancelled cheque Other

Where did you hear about this Award?

Please complete our pre-application check list and confirm each item before posting your form.

| | | | |
|--|-------|--|-------|
| Does your organisation have a constitution or governing document? | Y / N | Does your organisation have a Child Protection Policy, if applicable, which is available on request? | Y / N |
| Does your organisation have adequate and appropriate insurance? | Y / N | Does your organisation have at least two cheque signatories? | Y / N |
| Can you confirm that the funding request is not for retrospective funding? | Y / N | Does the project for which you are applying benefit the South West of England? | Y / N |
| | | Does your organisation use live animals for experimentation or research? | Y / N |

Please sign and date the following declaration:

To the best of my knowledge, all the information that I have provided in this application form is correct. I give my consent for the Norman Family Charitable Trust to hold and process this data in accordance with the privacy statement on the Trust's website, which is compliant with GDPR.

Signature:

Date:

Print name:

When submitting your application to the Trust, please enclose a copy of your latest annual accounts if they are **NOT** already available on the Charity Commission's web site. This includes applicants who are CICs or other voluntary/non-profit groups. We would also like to see relevant quotes/budgets if applying for capital projects such as building works, equipment or vehicle purchase.

Please ensure that you have completed page 3 of the form with your grant payment preferences. Failure to do so will delay the consideration of your application.

Please post your application with a covering letter (on your organisations headed paper if possible) to:

**The Norman Family Charitable Trust
14 Fore Street
Budleigh Salterton
Devon EX9 6NG**

DO NOT E-MAIL YOUR APPLICATION

For further information about the Trust and its funding priorities, please visit our web site: www.nfct.org

Please contact **01395 446699** or e-mail info@nfct.org if you have any queries regarding the application process.