

**APPLICATION FORM**

Applicant Name:

Contact Name:

Charity Number (if applicable):

Contact Address:

If organisation is not a charity, advise status:

Contact Telephone Number:

Contact Email Address:

Website, if any:

Describe the Project/Grant Requirement (continue on/attach separate sheets if necessary):

Amount of Grant Sought (include breakdown of expenditure):

Other funding found/being sought:

Declaration

I confirm that the information I have given is true and can be verified. I also agree to the grant terms stipulated in the FMPCT guidance (For organisations) I confirm that I am authorised to act on behalf of the organisation:

Signed:

Position in Organisation:

Name:

Date: