Wellbank Foundation

**Application form for funding** -please sign, scan and return this completed form to [wellbankfoundation@gmail.com](mailto:wellbankfoundation@gmail.com) with any necessary accompanying documentation. Please ensure you meet our criteria as described on our website and note that we will only consider one application from you each year.

|  |  |
| --- | --- |
| **Name of Charity** |  |
| **Charity Number** |  |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Web address** |  |
| **Contact name** |  |
|  | |
| **Charity’s aims and objectives (200 words max)** | |
|  | |
| **Project Description including timescales and expected start date (200 words max)** | |
|  | |
| **Need for Project (400 words max)** | |
|  | |
| **Outcomes and Impact of project (400 words max)** | |
|  | |
| **Budget breakdown of grant requested** | |
|  | |
| **Please can you supply the following documentation:**  **Copy of last audited accounts**  **Copy of bank statements for last 3 months**  **Supporting quotes etc re amounts requested**  **Safeguarding policy (if applicable to your project)**  **If you would like to submit any other relevant information we will consider it.** | |
|  |  |
| **Contact details of referee:** | |
| **Address** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Relationship to charity** |  |

**Declaration:**

**I confirm that:**

I will permit the Trustees to visit the project for the purpose of monitoring the grant. **Yes/ No**

I agree that details of our project can be used in publicity material for Wellbank Foundation. **Yes/ No**

I will submit a written report and supporting invoices 12 months from the date of the grant. **Yes/No**

All information given in this application is true and that I am an authorised signatory or representative of the above charity.

Signature

Date