**NORMANSFIELD AND RICHMOND FOUNDATION**

**APPLICATION FORM FOR ORGANISATIONS**

PRIVATE AND CONFIDENTIAL

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| **GRANT AMOUNT REQUESTED: £**  **DATE:** |
| Name of Organisation:  Address :  Tel Email |
| If you have not previously applied to us, please give a brief description of your organisation and the work you do in support of adults with learning disabilities within the Richmond borough area: |
| Please tick to indicate that you have included the following with this application:   * Copy of your Project Budget * A copy of your last independently audited accounts |

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| Please give a **FULL** description of the activity / project / services you are requesting funds for in this application.  The information **MUST** include the number of beneficiaries, the staffing/volunteer arrangements, whether the project is unique or complements other local services, and how the project will benefit the participants |

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| --- | --- |
| How will you publicise your project to ensure that as many people with learning disabilities and their families are aware of the project?  *Please tick as appropriate* | |
| Word of Mouth |  |
| Letter |  |
| Email |  |
| Local Newsletter |  |
| Local Press |  |
| Posters |  |
| If this is a new project, please indicate the proposed start date: | |
| How will you review the effectiveness of your project? | |
| **SIGNATURE**  *If you are completing this form on a computer and wish to send by email please type your name here as this will act as your signature.*  **Date**  Name  Position  Contact Details:  Tel Email  If successful, please indicate **who** the cheque should be made payable to:  The name and address of the person to whom the cheque should be sent: | | |

**Thank You**

We will let you know the result of your application as soon as possible after our Committee has made a decision.

**If your application is successful, we would be grateful if you could acknowledge the support given by the Normansfield and Richmond Foundation in any publicity material you produce.**