**Kathleen Graham Trust Funding Application**



**MAXIMUM GRANT OFFERED IS £5000**

**About the Charity**

The Kathleen Graham Trust aims to make donations and grants to charities, individuals, groups, and organisations from the greater Strabane District And   
Belfast District

**How to submit an application for funding**

Please complete the on-line request form at [www.kgt.org](http://www.kgt.org) or you can download the request form and email to [michelle@kathleengrahamtrust.org](mailto:michelle@kathleengrahamtrust.org) . **Please download and read our criteria carefully to see if you are eligible to apply.**

**Please attach the following information (where applicable):**

* [Safeguarding policies](https://kathleengrahamtrust.org/policies/)\*
* Annual account returns (minimum 3 years if available)
* Any other documents you would like to be considered in support of your application
* Photo Identification of the applicant making this request

**\*** requests from organisations will not be accepted without evidence of good Safeguarding practices.

**Please contact us if you are unsure or unable to submit a request as described.**

| **Details of the Person Making the Request** | | | |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Address: |  | | |
| Telephone Contact: |  | | |
| Email Address: |  | | |
| Name of: Charity/Organisation/Event: |  | | |

| **For Security and Data Protection**  Please attach a Photo Identification of the person making this application.  This may be a scan / photo of your Driving License or Valid Passport |
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Section 2: **APPLICATION**

| **Application Form** | | | | |
| --- | --- | --- | --- | --- |
| Please tick the type of funding you are requesting: | Donation: | ✔ | Grant: | ✔ |
| Total cost of the work you are fundraising for: | £ | | | |
| Amount requested from The KGT: | £ | | | |
| Date of event: | dd / mm / yyyy | | | |
| Date when funds would be required: | dd / mm / yyyy | | | |
| Names of other Charities, Organisations, or Funding Streams you have or are also applying to: |  | | | |
| **How do you or your charity/organisation/event meet the objects of the Kathleen Graham Trust?**  **Please identify the specific object/s from Section 1 (A-J) you meet and explain how/why.** | | | | |
| Enter Text Here  Please continue on another page(s) if required | | | | |
| **Tell us about you or your charities/organisations/events mission, how you will use the donation/grant and the number of people you expect to assist.** | | | | |
| Enter Text Here  Please continue on another page(s) if required | | | | |
| Are there any other organisations that provide the same or similar service that you are requesting funds for? | Yes? | ✔ | No? | ✔ |
| **If YES, please give details of the other services and explain why your service is different.** | | | | |
| Enter Text Here  Please continue on another page(s) if required | | | | |
| **If you have applied with us before, please give details below.** | | | | |

Section 3: **TERMS**

I understand that, unless otherwise stated, the KGT will have no role within the organisation other than providing funds, as agreed. The Trust reserve the right to contact you at any time to monitor use of the funds.

I understand that any funds approved by the board must be spent as described in this application (and in line with all stipulations).

I agree to provide the KGT with an end of year financial statement, giving a breakdown of how the funds have been spent.

I understand that this decision will remain valid for three months from the date of signing and that the Trust reserve the right to ask you to re-submit your application if the event/reason for your funding request does not take place within three months of the date of signing or if the stipulations below have not been met by this time.

Section 4: **AGREEMENT**

| **Agreement** | | |
| --- | --- | --- |
| I confirm that I agree to all the terms in Section 3, including any additional stipulations that may be made by the board as part of any offer of funds: | | ✔ |
| I confirm that I have the authority to make this application on behalf of the named charity/organisation/event named in the application: | | ✔ |
| I consent to all of the information and personal data on this form being stored and processed by the KGT in line with KGT GDPR Policy: | | ✔ |
| [**Guide to the General Data Protection Regulation (GDPR)**](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf) | | |
| Signature: | Signature | Date |
| **Please Note**  **We are unable to consider any requests if you / your organisation are unable to meet all parts of this agreement.** | | |
| **Thank you for your application.**  Your request will be considered by the board of trustees and you will be informed of their decision in writing (email). Please note: Funds are limited and there is no guarantee your request will be approved. | | |