ROBERT MONK'S FOXTON CHARITY

Registered Charity Number 234281

Small Grant Application Form

Please complete all sections of this form and return to:
The Secretary
14 Paget Street
Kibworth
Leicestershire
LE8 0HW

You may be asked to provide evidence or documents to support your application. Please see declaration at the bottom of this form. If we require any further information we will write to you.

Date of Application

Title: Mr / Mrs / Miss / Ms / Dr **Name:**

Company/Group/Organisation Name (if applicable):

Address:

Please note all correspondence will be sent to the address provided here

Contact Telephone Number:

Email address:

Date of Birth

If you have been referred to the Robert Monk's Foxton Charity for a grant please enter referee details here:

Name of referee

Address of referee

Email address

Date of referral

Please tell us why you are applying for a grant, include as much information as possible to enable us to make a decision (Please use an extra sheet of paper if required.)

Financial information for Grant application

Please provide a breakdown of your budget here, setting out what you need to pay for. If the total cost is more than the grant you are applying for please say where the other funding comes from.

How much funding are you applying for?

Signature and declaration

I confirm that the information on this form is true and correct. I am authorised to make this application. I will follow the grant guidelines, and if I am successful I will provide all requested documents before the money is released.

Signed:

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FOR OFFICE USE ONLY

Date application received			
Date application reviewed			
Documents requested? /Received			
Application approved/Declined	Approved (Date)	Declined (Date)	Reason?

Signed (Secretary)…….

Signed (Chair)……..