



Gatwick Airport Community Trust

Grant Application Form
www.gact.org.uk

For office use

Please forward completed form to Gatwick Airport Community Trust, c/o Public Affairs, 7th Floor, Destinations Place, Gatwick Airport, West Sussex RH6 ONP

*If you have a query relating to your application, please call 01892 826088 (Mondays-Fridays 9am-5pm). All applications must be completed fully on this form. **Please write clearly printing any names.***

Deadline for receipt of Grant Applications: Monday 10th March 2008. Late applications will not be considered.

Organisation Details

Name of person making application

Position in organisation

Name of organisation

Contact address for correspondence

Postcode

Telephone daytime

Telephone evening

If you are successful in your application, who should the cheque be made payable to? (NB This should be an organisation, not an individual).

How long has this organisation been established?

Status (e.g. registered charity)

Charity registration no.

How is your organisation staffed (e.g. paid staff, volunteers)?

How is your organisation managed (e.g. management committee)?

Are you part of, or affiliated to, a larger organisation? **YES/NO*** If yes, please give details, including head office address

The project

Please describe what the grant is for in no more than 20 words.

Please name the Parish/Town in which the project is based:

In which category does the project fall? Please tick one or more of the boxes below:

Young Elderly Disabled Community

Arts Sports Environment

Please give full details of the project on the blank sheet overleaf.

This is your opportunity to explain the project to the Trustees. Details should include:

- the nature of the project
- who will benefit
- support from other organisations

- how the project meets the objectives of the Trust

Project Details:

Financial/funding information

How much are you requesting? £ What is the sum required to complete the project? £

How much money have you raised already and from whom? £

Name of organisation(s)

Are you seeking further funds from any other organisation? **YES/NO** If yes, please give details of the amount applied for and when the outcome will be known:

Please give details of the costs for the project:

Please attach suppliers' or providers' cost estimates if available.

Do you have an annual report or accounts? **YES/NO**

If yes, please attach a copy of your latest balance sheet and income and expenditure account only.

Further documentation is not required

Have you received a grant from Gatwick Airport Community Trust before? **YES/NO** If yes, please give brief details of the project(s) including how much you received and in which year(s):

Project(s)

Year(s)

Amount of grant(s)

Timescale/approval/permission

What approval/ permission do you need or do you have (e.g. landowner's consent, planning permission)?

Are you still seeking approval/permission? **YES/NO**

When will you know if approval/permission is granted?

Have you consulted any other parties about the project (e.g. your local council, wildlife/ countryside or residents' groups)? If yes, please give details below: **YES/NO**

What is the timescale for the project? Please indicate the proposed start and finish dates:

Will the outcome of the project require ongoing maintenance? **YES/NO**

If yes, briefly describe the maintenance programme and sources of funding:

Publicity

It is a condition of Gatwick Airport Community Trust that it may publicise grants that are made.

Please confirm that this is acceptable to you. **YES/NO**

How do you propose to recognise the support of Gatwick Airport Community Trust for your project?
e.g. plaque, mention in newsletter, programme, etc. Please give details below:

Equal opportunities

Gatwick Airport Community Trust is committed to ensuring that all people living within the area of benefit have an equal opportunity to receive a grant from the Trust.

Approximately how many people would benefit from the project?

Approximately what proportion of the beneficiaries are: Male Female

Looking at the age range, what proportion are aged:

Under 5 years 6-16 16+ 65+

What proportion of the beneficiaries fall into the following categories:

Asian African Caribbean European

Dual Heritage Other

Declaration

- I declare that the information given on this form is true and that any funds received would be solely for use on the project as detailed above.
- I have fully completed this application form, and enclosed annual accounts/cost estimates for the project. I understand that any enclosure will not be returned.
- I agree to make invoices/receipts available on completion of the project on request.
- I agree to abide by any conditions set out by the Trust in making the award.
- I agree to return any grant made, if it is no longer possible to proceed with the project as detailed in the application.

Signature of person making application: _____

Date: _____

Please note:

- a. If you require an acknowledgement, please enclose a stamped self-addressed envelope
- b. Please ensure that you have paid adequate postage before returning your form. It may be preferable to send it recorded delivery.