



Gatwick Airport Community Trust

Grant Application Form  
www.gact.org.uk

For office use

**Please forward completed form to GACT, PO Box 464, Tunbridge Wells, Kent, TN2 9PU**

All applications must be completed on this form and all questions must be answered fully. The form can be completed in MS Word, printed off and then sent to the address above. Alternatively, you can download the form and complete it by hand, writing clearly in black ink and printing any names.

**Deadline for receipt of Grant Applications: Monday 12 March 2012. Late applications will not be considered.**

**If you have a query relating to your application, please call 01892 826088 (Mondays-Fridays 9am-5pm).**

### Organisation Details

Name of person making application

Position in organisation

Name of organisation

Contact address for correspondence

Postcode

Telephone daytime

Telephone evening

E-mail Address

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

Please confirm your organisation has a current bank account **YES/NO**

### 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:

- |                                |                                  |                                      |                                    |
|--------------------------------|----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Young | <input type="checkbox"/> Elderly | <input type="checkbox"/> Disabled    | <input type="checkbox"/> Community |
| <input type="checkbox"/> Arts  | <input type="checkbox"/> Sports  | <input type="checkbox"/> 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:



## 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?

Looking at the age range, what proportion are aged:

Under 5 years	6-16	16+	65+
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What proportion of the beneficiaries fall into the following categories:

Asian	African	Caribbean	European
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Dual Heritage	Other
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## 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.
- I agree to pay in any grant awarded within 60 days of receipt.

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.