Thank you for applying to the **Jaspar Foundation** for a charitable grant for your organisation. We would be pleased to receive your application form together with any supporting documentation.

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| **SECTION 1: YOUR ORGANISATION** |
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| **ORGANISATION NAME** |  | **CORRESPONDENCE ADDRESS** |  |
|  |
| **PRINCIPAL CONTACT** |  | **TODAY’S DATE** |  |
| **PHONE** |  | **EMAIL ADDRESS** |  |
| **MOBILE** |  | **WEBSITE** |  |
| **SOCIAL MEDIA HANDLES/CHANNELS** |  |
|  |
| **IS YOUR ORGANISATION A REGISTERED CHARITY** | Y / N | **IF YES, PLEASE STATE REGISTERED CHARITY NUMBER** |  |
| **CHARITY START DATE** |  | **IF NO, PLEASE CIRCLE STATUS** | NON-PROFIT / COMMUNITY INTEREST COMPANY / SOCIAL ENTERPRISE / OTHER |
| **CAN WE HAVE A COPY OF THE BACKGROUNDS TRUSTEES AND THE MGMT TEAM** | Y / N | **CAN WE HAVE A COPY OF YOUR LATEST FINANCIAL STATEMENTS. PLEASE INCLUDE THESE WITH THE APPLICATION ALONG WITH ANY FNANCIAL/BUDGET INFORMATION ON THE PARTICULAR PROJECT THAT YOU ARE APPLYING FOR** | Y / N |
| **HOW DID YOU HEAR ABOUT THE GRANT APPLICATION PROCESS?** |  |
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| **Please provide details of those in leadership/governance roles within your organisation, e.g. Manager, Directors, Trustees (name and title):** |
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| **What are the significant milestones achieved by your charity?** |
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| **SECTION 2: YOUR PROJECT OVERVIEW** |
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| **PROJECT SECTOR**(please tick all that apply) |  | Quality Education | **TOTAL AMOUNT APPLIED FOR** | **£** |
|  | Good Health & Wellbeing | **ARE YOU APPLYING THROUGH OTHER AVENUES FOR FUNDING?** | Y / N |
|  | Elderly & Disabled | **DO YOU HAVE ANY OTHER FUNDING IN PLACE** | Y / N |
|  | Homelessness & Poverty | **IF YES TO ABOVE, WHAT % OF COSTS ARE YOU REQUESTING FROM JASPAR FOUNDATION?** |  |
|  | Emergency Relief |  |  |
| **WHAT IS THE FUNDING REQUIRMENT TOTAL FOR THE PROJECT YOU ARE APPLYING FOR** | **£** |

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| **SECTION 3: PROJECT INFORMATION** |

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| 1. **Please tell us about your project, including who will benefit from it and how much you are hoping to raise.**

**How many people will this grant positively impact?**1. **How did you identify the need for the project?**
2. **When is the intended start date?**

**The more detail you provide will help us to assess the best way we can support your project.****Minimum 100 words - please use separate sheet if necessary** |
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| **How will you measure the impact/benefits of the project to those it is intended to help or support, e.g. number of people expected to use the service and over what period?** |
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| **How will the project be managed and, if successful in your application, will you be happy to provide regular progress reports and evaluations to Jaspar Foundation?** |
|  |

Please email your completed application form plus any supporting material, such as previous projects info/accounts and send to neha@jaspargroup.co.uk.