Richard Addison Charitable Trust



APPLICATION FORM FOR GRANT FUNDING

Name (of the person submitting this form):
Organisation (if applicable):
Address:
Email:
Telephone:
☐ If this application contains information regarding the personal circumstances of another person (or other people), please check this box to confirm you have obtained their consent for sharing this information with us.
How much are you applying for?
What will the grant be used for?
What are the ages of the principal beneficiaries? This will allow us to determine which charity would be best placed to consider your application.

What are your total project costs (if applicable)?	
How are you going to finance the rest of the project costs (if applicable), e.g. fundifrom other sources, direct contributions, funding from reserves?	ng
What safeguarding arrangements do you have in place for children and vulner adults (if applicable)?	^r able
Is there anything else you would like to tell us?	
Signature: Date:	
Please return this form to Joseph Payne, clerk to both charities, at joseph.payne@scilly.gov.uk or at the Town Hall, St Mary's, Isles of Scilly, TR21 0LW	

You can view copies of our Statements of Purpose (which may help with your application)

and our Privacy Notices at www.scilly.gov.uk/charitable-trusts