



**CHARITY DETAILS**

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**NAME**

**CHARITY NUMBER**

**CONTACT NAME**

**CONTACT ROLE**

**ADDRESS**

**TELEPHONE NUMBER**

**EMAIL**

**CHARITY OBJECTIVES**

**HOW DO YOU ACHIEVE THESE OBJECTIVES**

**PROJECT PROPOSAL**

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**FUNDING SOUGHT FOR**

**LOCATION OF PROJECT**

**PROJECT DURATION AND OPERATIONAL HOURS**

**HOW WILL CHILDREN AND YOUNG PEOPLE BENEFIT FROM ANY REWARD?**

**ESTIMATED NUMBER OF PEOPLE BENEFITING**

## FINANCES

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FUNDING AMOUNT SOUGHT (£)

FUNDING PERIOD

BALANCE OF FUNDING MET BY

TOTAL COST

CIS PROPORTION (%)

## REPORTING

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HOW WILL YOU MEASURE THE SUCCESS OF YOUR PROJECT?

HOW WILL YOU REPORT PROGRESS AND SUCCESS TO CHARTERHOUSE IN SOUTHWARK?

## THIRD PARTIES

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NAMES OF ANY PARTNER ORGANISATIONS

NAMES OF OTHER SPONSORS OR PROMOTERS

## ATTACHMENT CHECK LIST

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APPLICATION FORM

COVERING LETTER

OUTLINE BUDGET FOR APPLICATION

## NOTES

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- 1) We will refer to [www.charity-comission.gov.uk](http://www.charity-comission.gov.uk) for the latest charity accounts. Do not attach.
- 2) Attachments that are unspecified are discouraged, except, where space in this form is deemed insufficient.  
If required, one additional sheet may be submitted.

## DECISION PROCESS

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- 1) The decision on an application will be decided by the Trustees and confirmed in writing.
- 2) Applications are considered at meetings of the Trustees, typically held three times a year.

## APPLICANT DECLARATION

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- 1) I am authorised to make this application on behalf of the above charity.
- 2) To the best of my knowledge the information contained in the application is correct.
- 3) If granted, the funds will be used only for the purpose outlined in this application.

## SIGNATURE

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SIGNED

PRINTED

DATE

ROLE

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## OFFICE USE ONLY

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DATE RECEIVED

REFERENCE