



CHARITY DETAILS

NAME

CHARITY NUMBER

CONTACT NAME

CONTACT ROLE

ADDRESS

TELEPHONE NUMBER

EMAIL

CHARITY OBJECTIVES

HOW DO YOU ACHIEVE THESE OBJECTIVES

PROJECT PROPOSAL

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

FUNDING AMOUNT SOUGHT (£)

FUNDING PERIOD

BALANCE OF FUNDING MET BY

TOTAL COST

CIS PROPORTION (%)

REPORTING

HOW WILL YOU MEASURE THE SUCCESS OF YOUR PROJECT?

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

THIRD PARTIES

NAMES OF ANY PARTNER ORGANISATIONS

NAMES OF OTHER SPONSORS OR PROMOTERS

ATTACHMENT CHECK LIST

APPLICATION FORM	<input type="checkbox"/>
COVERING LETTER	<input type="checkbox"/>
OUTLINE BUDGET FOR APPLICATION	<input type="checkbox"/>

NOTES

- 1) We will refer to 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

- 1) The decision on an application will be decided by the Trustees and confirmed in writing.

APPLICANT DECLARATION

- 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.

SIGNATURE

SIGNED	PRINTED
<input type="text"/>	<input type="text"/>
DATE	ROLE
<input type="text"/>	<input type="text"/>

Please return to: Charterhouse In Southwark, London, PO Box 59636, SE22 2AD

OFFICE USE ONLY

DATE RECEIVED	REFERENCE
<input type="text"/>	<input type="text"/>