



CHARITY OR COMMUNITY GROUP APPLICATION FORM

Information requested in this application form is the minimum required for a grant to be considered.
Applicants should enclose additional information as necessary.

| 1. CONTACT DETAILS | |
|-----------------------------|--|
| Name of organisation | |
| Name of contact person | |
| Job title of contact person | |
| Address for correspondence | |
| Telephone number | |
| Email address | |
| Website | |
| Registered charity number | |

| 2. APPLICANT ORGANISATION | | | |
|---|-------------|-----------------|-------|
| Description of the main purpose of the organisation | | | |
| Geographic area served by the organisation | | | |
| Head office (town & county) | | | |
| Number of other locations | | | |
| Number of staff | Head Office | Other Locations | Total |
| - Full time / part time | | | |
| - Volunteers | | | |

| 3. GRANT | |
|---|---|
| Size of grant requested. One year only | |
| Main category into which the grant would fall | <input type="checkbox"/> Children & Youth Opportunities <input type="checkbox"/> Disability <input type="checkbox"/> Elderly <input type="checkbox"/> Families <input type="checkbox"/> Health <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Social Welfare <input type="checkbox"/> Vulnerable People |
| Describe the project/activity that the funding is for | |
| Who will benefit from this grant? | |
| What difference will this grant make? | |
| Describe what other fundraising activities you are conducting to support this project/activity? | |

4. DECLARATION

I, _____, (*insert your name*) am an authorised representative of _____ (*insert the name of your organisation*). To the best of my knowledge the information I have provided on this application form is correct. If MidasPlus agrees to make a grant the money will be used exclusively for the purposes described in this application form.

Signed _____

Position in organisation _____

Date _____

Please return the completed application form to **MidasPlus 20 Island Close, Staines-upon-Thames, TW18 4YZ** together with supporting documentation that will support your application. We regret that we cannot return any supporting documentation.