**Reece Foundation**

**APPLICATION FOR FUNDING**

|  |
| --- |
| **THIS FORM SHOULD BE COMPLETED AND SIGNED BY AN AUTHORISED REPRESENTATIVE OF YOUR ORGANISATION**  |
| 1. **Personal Information (Please complete in BLOCK CAPITALS)**
 |
| **Name of organisation**   |  | **Type of Organisation**  |  |
| **Company and Charity no (if applicable)** | **Company No** |  |
|  | **Charity No** |  |
| **Office Address** |  |  |
|  |  |  |
|  |  | **Postcode** |
|  |  |  |  |
| **Name of contact**  |  | **Tel No (switchboard)** |  |
| **Job title of contact**  |  | **Tel No (direct dial)** |  |
| **Mobile No**  |  | **Email** |  |
|  |  |  |  |
| 1. **Title of Project**
 |  |
|  |  |
| 1. **Brief description of Project (maximum 400 words)**
 |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |
| 1. **Project Details**

* 1. **Purpose of Project (in less than 100 words what do you hope to achieve)**
 |
|  |  |
|  |  |
|  |  |
| * 1. **Please state how you believe the Project will benefit the public**
 |
|  |  |
|  |  |
|  |  |
|  |  |  |  |
| 1. **Length of Project**
 |  | **years** |  | **months** |
|  |  |  |  |  |
| 1. **Total amount of funding being requested from the Reece Foundation**

**(£)** |  |
|  |  |  |  |  |
| 1. **Will any of the funding be used to meet your organisation’s core operational costs?**
 | **YES / NO** |
|  | **If yes, how much (£)** |  |
|  |  |  |
| 1. **Total cost of Project (£)**
 |  |
| * 1. **Do you wish the Grant to be paid directly to your organisation?**
 | **YES / NO** |
| * 1. **If no, to whom would you like the grant to be paid?**
 |
|  |  |
|  |  |
| 1. **Breakdown of what the funding would be spent on**
 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. **Does your organisation have adequate insurance in place to enable the Project to be carried out in a safe and competent manner (this includes having insurance in place to cover the health and safety of anyone involved in the Project)?**
 | **YES / NO** |
|  |  |
| 1. **Does your organisation agree to acknowledge the Charity and the Funding in any publicity material relating to the Project?**
 | **YES / NO** |
|  |  |  |  |  |
| 1. **Does your organisation agree to submit a report or reports demonstrating what progress has been made on the Project? (In certain cases, future instalments of funding payments will only be made upon receipt of a satisfactory progress report)**
 | **YES / NO** |
|  |  |
| 1. **Please confirm any applications you have submitted to other organisations that are currently under review**
 |
|  |
|  |
|  |
|  |
|  |
| 1. **Please confirm any funding you have secured from other organisations**
 |
|  |
|  |
|  |
|  |
|  |
|  |  |  |  |  |

**DECLARATION**

I declare that the contents of this Application Form are true.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed** |  |  | **Dated** |  |
| **Name** |  |  | **Title** |  |

Return this application;

Via website: click to submit

Via email to: applications@reece-foundation.org

Via mail to: The Reece Foundation, Armstrong Works, Scotswood Road, Newcastle upon Tyne NE15 6UX