**Reece Foundation**

**APPLICATION FOR FUNDING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | |  | | | | | |
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| 1. **Title of Project** | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| 1. **Brief description of Project (maximum 400 words)** | | | | | | | | | | | | |
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| 1. **Project Details**      * 1. **Purpose of Project (in less than 100 words what do you hope to achieve)** | | | | | | | | | | | | |
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| * 1. **Please state how you believe the Project will benefit the public** | | | | | | | | | | | | |
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| 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?** | | | | | | | | | | | | |
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| 1. **Breakdown of what the funding would be spent on** | | | | | | | | | | |  | |
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| 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** | |
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| 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** | |
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| 1. **Please confirm any applications you have submitted to other organisations that are currently under review** | | | | | | | | | | | | |
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| 1. **Please confirm any funding you have secured from other organisations** | | | | | | | | | | | | |
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**DECLARATION**

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

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

Return this application;

Via website: click to submit

Via email to: [applications@reece-foundation.org](mailto:applications@reece-foundation.org)

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