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GRANT APPLICATION FORM

Section 1 – About Your Organisation (to be completed by ALL applicants)

1. Name of Organisation

2. Your name

3. Position within applying organisation

4. Address of organisation including postcode (for correspondence)

5. Contact Telephone number

6. Contact e-mail address

7. Website address (if applicable)

8. Which category describes the applying organisation

Please tick

Registered Charity

School / PTA

Not for profit organisation

9. When was the organisation established (year)?

10. Registered Charity No (if applicable)

11. Please provide a brief description of the organisation's activities.

Continue on separate sheet if necessary

12. Is your organisation based on membership / benefit that is open to all?
(please tick)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No, please give reasons why

13. Please state name to which grant cheque should be made payable, if successful. (Cheques cannot be made payable to individuals.)

Section 2 – About your application (to be completed by ALL applicants)

14. In what location is the project/activity on which the grant will be spent?
Please be as precise as possible, stating town, district or area and post code if applicable.

15. On which of the following will the grant be spent?

	Please tick
Benefits to the local community/environment	<input type="checkbox"/>
Youth / children's activities	<input type="checkbox"/>
Education / schools (mainstream)	<input type="checkbox"/>
Special Educational Needs	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>
Other (please describe below)	<input type="checkbox"/>

And for what purpose?

	Please tick
Capital project (e.g. refurbishment, alteration to buildings)	<input type="checkbox"/>
Capital expenditure item(s) (e.g. equipment, computers, furniture)	<input type="checkbox"/>
Purchase/leasing of new Ford vehicle	<input type="checkbox"/>
General funds	<input type="checkbox"/>

16. Date by which funds are required (if applicable)
17. Please provide details of project / activity on which the grant will be spent?

Continue on separate sheet if necessary

18. What is the amount of the grant you are requesting? On what will it be spent? If for more than one item, please provide breakdown. Please also state the total cost of the project (if different).

Continue on separate sheet if necessary

Section 3 – Relationships with Ford Retail Limited (to be completed by ALL applicants)

19. Are you a Ford Retail Limited employee/retiree?

No	Employee	Retiree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIN number / Payroll number

20. Please tick if any Ford Retail Limited employees / retirees / dependents* are involved with the project / activity

Please provide details including the name and FIN number / Payroll number of the employee / retiree. (Permission should be gained from individuals before you supply their details)

Continue on separate sheet if necessary

21. Please tick if any Ford Retail Limited employees / retirees / dependents* will benefit from the project / activity?

Please give details of the above beneficiaries including names and FIN numbers / Payroll numbers of any employees / retirees. (Permission should be gained from individuals before you supply their details)

Continue on separate sheet if necessary

Section 4 – Benefits and Opportunities (to be completed by applicants requiring grants of over £250 ONLY)

22. Who will be the direct and indirect beneficiaries of the project / activity?

Approximate number of beneficiaries (please tick)	<50	<input type="checkbox"/>
	50 – 1,000	<input type="checkbox"/>
	>1000 / unknown	<input type="checkbox"/>

23. What, if any opportunities for development will the project / activity offer its beneficiaries? (please tick)

Development of employment / career skills	<input type="checkbox"/>
Development of sporting talent	<input type="checkbox"/>
Other personal development skills	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

Please provide brief details

*wife, husband, partner, widow, widower, partner of deceased employee or retiree or children or step-children under the age of 18 of such employee or retiree

Section 5 – Further Information (optional for ALL applicants)

24. Please provide any further information which you feel is relevant to your application but which is not covered by the questions above.

Continue on a separate sheet if necessary

DECLARATION (to be read and completed by ALL applicants)

I confirm that I am authorised by the applying organisation to make this application and that the information supplied on this form is accurate. I will inform the Ford Retail Trust if any information relating to this application changes.

Signed _____ Date _____

We regard the privacy of our applicants as important and any personal information you give to us (either your own or that of third parties) will be used in accordance with the Data Protection Act 1998. Any information you provide will only be used and stored for contact purposes and/or for assessing applications and it will not be shared with any third party without your consent unless required by law.

Details of successful applications (excluding personal details of individuals) may be used for publicity purposes by the Ford Retail Trust or Ford Retail Limited.