

THE MATTHEW LUDLAM FOUNDATION (“THE CHARITY”)

APPLICATION FORM FOR A GRANT

1. Name of organisation or individual

2. Grant cheque payable to (if different from above)

3. Project name

4. Contact information

Surname:

Title:

First name(s):

Job title:

Address:

Post code:

Telephone:

Email address:

5. Category (please tick only one)

Charity Charity number Company number

Individual Other If you tick ‘Other’ please explain

Are there other charitable or other organisations involved? **YES/NO**

If Yes please say who they are

6. Charitable purpose of your project (please tick only one)

Education Arts and Heritage

Local Community Other

7. I/We have read and accept the Grant Making Policy of the Charity **YES/NO**

8. Have you applied for a grant from the Matthew Ludlam Foundation before? **YES/NO**

source and indicate if it is confirmed or has been applied for

- | | |
|-----|-----------------------|
| (£) | Confirmed/applied for |
| (£) | Confirmed/applied for |
| (£) | Confirmed/applied for |
| (£) | Confirmed/applied for |

17. Without the Grant, would you be able to carry out the Project? YES/NO

18. Is 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

If another organisation or institution involved will be providing insurance, please give details:

19. Do you agree to comply with the general terms and conditions contained in our standard Terms and Conditions and any additional conditions contained in the Letter of Grant? YES/NO

20. Will you permit the Trustees to visit you or the Project for the purpose of monitoring the use of the Grant? (please note: this will not be necessary in all cases) YES/NO

21. Do you agree to acknowledge the Charity and the Grant in any publicity material relating to the Project? YES/NO

22. If required by the Charity, do you agree to submit a report or reports demonstrating what progress has been made on the Project? (In certain cases, future instalments of grant payments will only be made upon receipt of a satisfactory progress report) YES/NO

FOR ALL APPLICANTS THAT ARE NOT A CHARITY

23. Please provide details of two independent referees who we may contact in advance of our considering your application:

Name:

Address:

Relationship to project e.g. accountant, bank manager, legal advisor, tutor, teacher

Telephone number:

Name:

Address:

Relationship to project e.g. accountant, bank manager, legal advisor, tutor, teacher

Telephone number:

DECLARATION

I declare that the contents of this Application Form are true and that I am an authorised signatory or representative

Signed.....

Dated.....

Name (please print).....