Organisation Name:

Contact Name:

Correspondent Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Telephone Numbers: Day* |  |  | *Night* |  |
| *Email:* |  |  |  |  |
| *Charity Number*  *(if none please state)* |  |  |  |  |
| *Bank Account Title:* |  |  |  |  |
| *Accounts Enclosed:* | *Yes* |  |  | *No* |
| *Previous Application Enclosed:* | *Yes* | *No* | *Date (s)* | *Amounts* |

How did you become aware of The Hemby Trust?

Please state clearly the purpose for which you are requesting a grant, how will it benefit disadvantaged people in Merseyside/Wirral or how will it meet the trust’s criteria for funding?

How much will it cost?

List principal capital items if applicable:

What sum has been raised so far?

What is the shortfall? Amount being requested:

For those working with children or young people, written child protection policy **must** be in place. Please confirm or otherwise with date it was last reviewed:

Please list all other funders to whom you have applied for this project and the outcome of your application:

How do you propose to evaluate the work for which you are applying for funding?

**Please use this application form, it helps us greatly in the assessment of your appeal.**

**NOTES TO APPLICANT**

**You are welcome to provide other supporting information either in an accompanying letter or separate sheets. Please include a detailed breakdown of the costs of the project and also a copy of your latest audited accounts.**

**Mr T W Evans**

**The Hemby Trust, c/o Rathbones Investment Management Ltd.**

**Port of Liverpool Building, Pier Head, Liverpool, L3 1NW Registered Charity Number 1073028**