



THE RAINFORD TRUST

(Registered Charity No 266157)

To be returned to:

Secretary (Mrs Shirley Robinson)

c/o Charity & Social Enterprise, Brabners LLP, Horton House, Exchange Flags, Liverpool L2 3YL

Telephone: 0151 600 3362

Email: shirley.robinson@brabners.com

NAME OF ORGANISATION:					
CORRESPONDENT:					
EMAIL ADDRESS:					
ADDRESS:					
				POSTCODE:	
TELEPHONE:		MOBILE:		HOME/BUSINESS:	
YEAR ORGANISATION WAS ESTABLISHED:				CHARITABLE REG NO:	

PLEASE DESCRIBE THE AIMS OF YOUR ORGANISATION AND YOUR ACTIVITIES

(ATTACH ADDITIONAL INFORMATION, IF APPROPRIATE)

PLEASE NOTE, WE NORMALLY ONLY MAKE GRANTS TO REGISTERED CHARITIES. If YOU ARE NOT A REGISTERED CHARITY, PLEASE SEND YOUR GOVERNING DOCUMENT SO WE CAN DETERMINE IF THE TRUSTEES WILL BE PREPARED TO ASSIST

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PLEASE PROVIDE DETAILS OF THE REASON YOU ARE SEEKING GRANT AID
(ATTACH SUPPORTIVE ADDITIONAL INFORMATION, IF APPROPRIATE)

PLEASE OUTLINE THE APPROXIMATE COSTS OF THE ACTIVITIES FOR WHICH YOU ARE SEEKING GRANT AID.

PLEASE NOTE, IT IS IMPORTANT THAT YOU ENCLOSE A COPY OF YOUR LATEST ANNUAL REPORT AND ACCOUNTS. (IN THE INTERIM, UNAUDITED ACCOUNTS ARE ACCEPTABLE). PLEASE NOTE, FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING DELAYED FOR CONSIDERATION OR POSSIBLY BEING REJECTED.

PLEASE STATE IF YOU HAVE APPLIED TO OTHER GRANT MAKING ORGANISATIONS IN RESPECT OF THIS APPEAL, AND IF SO THE OUTCOME

IF YOUR APPLICATION FOR GRANT AID IS SUCCESSFUL, PLEASE PROVIDE THE NAME OF THE PAYEE (FOR CHEQUE PURPOSES), AND THE NAME OF THE ADDRESSEE TO WHOM THE CHEQUE SHOULD BE POSTED.

PLEASE NOTE ALL CHEQUES WILL BE MADE PAYABLE TO THE ORGANISATION AND NOT AN INDIVIDUAL.

NAME OF PAYEE:

NAME OF ADDRESSEE:

DECLARATION AND SIGNATURE:

I confirm that the contents of this application are true and complete and that I have the authority of the trustees to make this application. I confirm that if a grant is awarded, it will be spent only upon the purposes for which it was given. In the event that any money is unused for the purposes for which it was awarded, then I will either agree with the trustees of the Rainford Trust how that money may be spent, or I will return the money forthwith. I confirm I will acknowledge in our accounts that the grant is from the Rainford Trust.

SIGNATURE:

PRINT NAME:

POSITION IN ORGANISATION:

NAME OF ORGANISATION:

ADDRESS OF ORGANISATION:

POSTCODE:

DATE:

FOR OFFICE USE ONLY

NAME OF ORGANISATION		
CHARITABLE CLASSIFICATION		
REGISTERED CHARITY		
GRANT AREA		
APPEAL TARGET		
PREVIOUS GRANT AIDED AND DETAILS	AMOUNT £	DATE

DECISION OF TRUSTEES:

ACCEPT

REJECT

AMOUNT AWARDED

ANY FURTHER ACTION REQUIRED? Yes* No*

Delete *

IF YES, PLEASE SPECIFY

Signature of Secretary

Date 2020