

GRANT APPLICATION EXECUTIVE SUMMARY

Constitutional Name of Organisation: _____

Trading Name (if different) and/or **Prior Names:** _____

Legal Status: Charitable Trust Incorporated Society Other: _____

Date Registered: _____ **Charities Registration No.** (if appl): CC _____

Physical Address: _____ **Post Code:** _____

Postal Address (if different): _____ **Post Code:** _____

Contact Person *Name & Position:* _____

Email Address: _____

Phone: _____ *Mobile:* _____

FUNDING

Grant amount applied for: \$ _____ **Total Project Cost:** \$ _____

Project/Proposal Title: _____

Specific use of funds & brief description of funding purpose: _____

Previous applications to DV Bryant Trust: No - first application Unsure

Yes *Last Application (Month & Year):* _____

REFEREES

If you haven't applied to the DV Bryant Trust previously, please attach any letters of support you may have and provide the name and contact details of two people prepared to act as Referees for your application/organisation. *Note – These can be sister organisations, clients, community leaders and professional services.*

1. Name: _____ **Position:** _____

Phone: _____ **Mobile:** _____

Email: _____

2. Name: _____ **Position:** _____

Phone: _____ **Mobile:** _____

Email: _____

CHECKLIST

- 12 months** since previous application submitted to DV Bryant Trust.
- Bank Deposit Slip** / Bank Verification Document / Copy of latest Bank Statement attached.
- Latest **Annual Accounts** attached (preferably audited).
- Proposal** – covering your organisation's background, information and objectives etc, the project description and purpose (who will benefit from your project), a detailed budget, details of other funding, future plans, references (if you are new to DV Bryant Trust), supporting material and signed by an authorised executive member. Please refer to 'Request for Welfare Assistance Guidelines' – available online or on request.