NOTE: Trustees meet quarterly.

Submission dates are: 31st March; 30th June; 30th September; and 31st January

|  |
| --- |
| **Nominated Trustee: Date of Receipt:**(for office use only) |

**St Agatha’s Trust Fund**

# “Community KickStart”

Charity Commission Registration Number 700386

**Application Form**

## GENERAL INFORMATION

**Name and Address of Organisation: Date:**

 **Amount Requested:**

**ACCOUNT NAME if different from above:** **……….** **………………………………………….**

 \*Please note: account name cannot be an individual

**Contact Name and Address: Contact’s position in the organisation:**

 ………………………………………….

**Email Address:**

**Contact Numbers: (Day) Does this application have the approval**

 **(Evening) of your Management Committee/Trustees**

 **(Mobile) Yes/No**

**Please submit additional sheets if more space required.**

**1. Please give Project description, including what community needs it aims to meet.**

**2. Statistical or other information highlighting the need for the Project in the Community**

 **(eg the number of people who would benefit, etc)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Who is organising the Project? Please give details of any local churches involved.**

**4. Please supply costings of the Project, indicating how you aim to meet these targets.**

 **Where appropriate, please attach Project accounts**

**5. Please give brief details of other funding applications for this project.**

**6. What item(s) of the total Project cost would a St Agatha’s grant pay for?**

**7. Where appropriate, please explain how the Project will continue to be funded in the future?**

**8. How did you hear about St Agatha’s Trust?**

**9. Could you share some brief stories from your outreach or project regarding lives affected**

 **or changed in the last eighteen months (if this is applicable).**

**10. Tick below when each section completed as requested - before signing.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Completed |  |  |  |  |  |  |  |  |

**Signature: ................................................**

**For enquiries…..contact Tracey Leigh, Chair of Trustees at:** traceyleigh.tl@gmail.com **Tel : 07948522314; address: 52, Crecy Avenue, Intake DN2 6LY, Doncaster. DN2 6LY**

**Completed application forms to be sent to Annette Morris, Secretary of St Agatha’s Trust,** **morrisannette77@gmail.com** **36, Boswell Road, Bessacarr, Doncaster, DN4 7DD**

**(Updated Aug 2024)**