



# THE PIRATE TRUST

Registered Charity Number 1032096

Carn Brea Studios, Wilson Way, Redruth, Cornwall, TR15 3XX

Tel: 01209 314400 E-mail: [piratetrust@piratefm.co.uk](mailto:piratetrust@piratefm.co.uk)

Application for a Grant ~ Ref:

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS & BLACK INK

Name of Charitable Organisation: .....

Or

Individual: .....

Date of Birth (if under 18): .....

Address: .....

.....

.....

.....Post code: .....

Telephone Number: .....

E-mail: .....

Name of Contact: .....

Date of Application: .....

Amount of Grant Required: .....

Purpose of Grant: .....

.....

Cut off date if applicable: .....

Please make clear to who and where payment should be made: .....

.....

.....

.....

.....



What is the grant required for? Please provide full details, and the total estimated costs of any project which is being undertaken:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please let us have details of how much money has been raised so far, where the money is held and whether or not there is a time limit by which the money has to be raised and, if so why?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please enclose a copy of the audited accounts for the charitable organisation for the last financial year:

.....

.....

.....





**Endorsements:**

In this section we are asking for two endorsements. Both must be willing to talk about your application, for individual applicants a parent or guardian must complete.

- a) Senior Officer or Committee Member (someone who leads or manages your organisation **but not the person in question 1**)

Name: Mr/Mrs/Miss/Ms: .....

Post Held: ..... Organisation: .....

Address: .....

..... Post Code: .....

Daytime Tel: ..... Evening Tel: .....

Statement: To the best of my knowledge the information given on this form gives a true and accurate account of this organisation's work and needs.

Signed: ..... Date: .....

- b) Independent: (someone who is independent of your organisation but knows your work well)

Name: Mr/Mrs/Miss/Ms: .....

Post Held: ..... Organisation: .....

Address: .....

..... Post Code: .....

Daytime Tel: ..... Evening Tel: .....

Statement: I know this organisation well and can talk to you, if necessary, about its work.

Signed: ..... Date: .....



**Checklist**

Please make sure you have done the following:

- Have you completed every question on the form, where applicable?

If you are applying for specialist equipment for use by a disabled child/adult (wheelchairs, touchtalkers, computers etc.) have you attached a professional assessment from a relevant therapist or medical consultant?

**NB: PLEASE ENCLOSE THIS - OMISSION MAY DELAY YOUR GRANT.**

- If you are applying for expensive items of capital equipment or buildings, do you have written estimates from suppliers, which you can send to us if requested?
- Have you photocopied this application for your own files?
- Have you enclosed a stamped address envelope for your acknowledgement?

Note: Applications will not be acknowledged unless a SAE is sent with this form.

**The Trust reserves the right, to use material from successful applications to promote or advertise the work of the Trust, unless we are specifically asked not to do so at the application stage.**

Signature of applicant: ..... Date: .....

Please return completed application form to: The Pirate Trust, Wilson Way, Redruth, Cornwall TR15 3XX.