

**SYLVANUS LYSONS CHARITY**

**GRANT APPLICATION FORM**

**FOR COMPLETION BY GRANT APPLICANT**

**Name of Grant Applicant:**

**Please set out in the space below a clear summary of the purpose of your project or proposed work and the expected outcomes:**

**Please also complete the checklist set out below relevant to your grant application to ensure that you have provided full information in support to be considered by the Trustees of the Sylvanus Lysons Charity.**

**Please ensure that this form is sent to the Clerk with your grant application.**

**1. CHECKLIST FOR GRANT APPLICATIONS FROM ORGANISATIONS**

- a) The name and address of your organisation and confirmation that it is resident in the UK for Tax purposes.

Attached Y/N.....

- b) Full details of your project and expected outcomes:

Description attached Y/N.....

- c) A description of how your project will be managed

Description attached Y/N.....

- d) Names of the key people who will be involved in managing the project

List attached Y/N.....

- e) Your assessment of risks to the likely success of the project and how they will be mitigated

Risk assessment attached Y/N.....

- f) The amount of funding being sought from the Sylvanus Lysons Charity

Amount £..... (single payment) or

Amount per annum £..... for .....years (payment over period of years)

Please note that the Charity would not normally consider a grant payment period of more than 3 years

- g) Details of funding already obtained or being sought from other organisations

Amount £.....

Sources.....

Please confirm that the Charity may share information about your application with the Diocese of Gloucester LIFE Development Fund

Agreement confirmed Y/N.....

- h) The budget and business plan for your project showing the expected costs over its lifetime

Attached Y/N.....

- i) Financial information about your organisation e.g. most recent set of accounts  
Amount of unrestricted cash available £.....

Accounts attached Y/N.....

- j) Your assessment of how the benefits of the project support the objects of the Sylvanus Lysons Charity

Fits objects Y/N.....

Assessment attached Y/N.....

## 2. CHECKLIST FOR GRANT APPLICATIONS FROM INDIVIDUALS

- a) Your name and address and confirmation that you are resident in the UK for Tax purposes

Attached Y/N.....

- b) Full details of the nature of your application and expected outcomes  
Attached Y/N.....

- c) The reasons and rationale for the work you are planning to undertake for which you are seeking funding

Attached Y/N.....

- d) If an extension of an existing course or period of study, a summary of your previous results

Provided Y/N.....

- e) The amount of funding being sought from the Sylvanus Lysons Charity

Amount £..... (single payment) or

Amount per annum £..... for .....years (payment over period of years)

Please note that the Charity would not normally consider a grant payment period of more than 3 years

- f) Details of funding already obtained or being sought from other organisations, including the amount of any personal contribution you are making

Amount £.....

Sources.....

Please confirm that the Charity may share information about your application with the Diocese of Gloucester LIFE Development Fund

Agreement confirmed Y/N.....

- g) Your assessment of how the work or course you are planning to undertake will support the Ministry of the Church of England in the Diocese of Gloucester

Attached Y/N.....

- h) A letter of support for your application from the Director of Mission & Ministry or other authorised individual in the Diocese of Gloucester

Attached Y/N.....

**For support with particular needs please write to the Clerk to the Charity setting out that need and how you hope the Charity Trustees might help.**