
NAME OF APPLICANT ORGANISATION

AMOUNT REQUESTED

£

Registered Charity No (if applicable):

Please advise previous numbers if changed within the last five years

Year established

Main Contact Name

Address for correspondence

Telephone Number

E-mail address

Website address

Please state how you **FIRST** came to hear of the Kerrison Trust

KEY PURPOSE OF GRANT

Please describe briefly, but specifically, how you expect to use the monies granted for the benefit of those in need, in the Norfolk and/or Suffolk area. Please see our website for definition of 'those in need'.

THE KERRISON TRUST

Correspondence address
65 High Road, Wortwell, Harleston,
Norfolk IP20 0EF

Trustees: Janie Spring | Diane Cook | Sara Michell
Anthony Holliday | Jacki Forsyth | Simon Bird | David Goodin
Registered Charity No. 228590.
Telephone: 01379 678599
Email: office@kerrison.org.uk
Registered office: 1 James Court, Whitefriars, Norwich NR3 1RU

AIMS AND OBJECTIVES

Please state, in plain English, what the aims and objectives of your organisation are and briefly outline the activities and services you provide?

PERSONNEL

How many **paid** personnel does the organisation employ and for how many hours each week?

VOLUNTEERS

How many hours do volunteers work for the organisation each week?

THE PURPOSE OF YOUR GRANT

Please include what you want the grant for and why it is needed at this time. Outline what you hope to achieve with any grant and over what timescale.

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What is the total cost of the proposed activity/project.
£

When is funding required?

Have you made applications for grants to any other bodies or organisations?
If yes - What responses have you had?

MONITORING AND ACCOUNTABILITY

What measures do you have in place to ensure the grant is used well?

What documentation will you provide to show how the grant was spent?

Please describe (briefly) where you identify/find the young people that you help and/or how they are referred to your organisation.

Please return to
office@kerrison.org.uk in PDF Format

Terms and Conditions

- ▶ The grant is only for the activity or project agreed by the Board of the Kerrison Trust. A formal request is required if any changes are to be made.
- ▶ An evaluation report on how the grant has been spent, and what has been achieved, will be required by the Kerrison Trust after six months, or such other period as may be agreed.
- ▶ Grants are to be repaid to the Kerrison Trust if they are found to have been spent fraudulently or negligently.
- ▶ Up to date records and accounts must be kept showing how the funds have been spent. The Kerrison Trust reserves the right to inspect these records at any time.

Declaration:

To the best of my knowledge and belief, all the information given above is wholly correct.

I _____ am an authorised representative of
(print name)

(Name of Organisation)

(Position in your organisation)

Signature _____ Date _____

Privacy statement. Should your application be successful then this document will be kept on file at the offices of the Kerrison Trust and used only for the purpose of granting a donation and follow up contact. Should this grant application be unsuccessful then all paperwork will be destroyed by this office.

Note: Should you be successful we will require your Bank Details and authorisation from your organisation Treasurer or Financial Officer that these are the correct account details for the grant to paid to electronically.