

D D M M Y Y Y

Date established

Postcode

Title

Date of Application D D M M Y Y Y Y

## **Donation Application**

\* or inland revenue tax exemption reference number/Registry of Friendly Societies number

(To be completed by the applicant)

Please send the completed form to:

Registered charity number\*

Name of charity Contact address

Name of contact

Richardson Brothers Foundation, 4 Birchley Estate, Birchfield Lane, Oldbury, West Midlands. B69 1DT

Position				
Daytime telephone number		Mobile number		
Email		Website		
1 Background to charity				
a What is the purpose of your Charity?				
<b>b</b> Where do you work? (geog	graphical area)?			
(geeg	, aprilioal aloa) i			
2 Current activities				
a What are your current activities?				

<b>b</b> Who benefits from the service?		
c How many people benefit each year ?		
3 What do you want funding for?		
Please give details of the project or part of your work for which you are applying for funds (including geographical location).		
4 How much funding are you requesting?		
£		
5 What will this be used for?		
Please provide a breakdown of how you intend to spend the grant - continue on a separate page if necessary		
1 loade previde a broakdown of new yearmond to open a tine grank tooliande on a departure page in necessary		
Note: questions 6, 7, 8 and 9 should only be completed if the intention is for the project or service to be partially funded by the Richardson Brothers Foundation and if additional funding will be obtained from other sources		
6 What is the overall cost of the project or service for which funding is sought?		
If this is part of a larger project/service?		
7 Please give a breakdown of total costs		
8 How much have you already raised towards this project or service?		
Indicate how much you have raised so far towards the total needed, and from what sources		

9 What is the balance needed?	9 What is the balance needed?				
Indicate how you are intending to raise the remaining balance and from what source be made  Funder	es. If known, indicate when	funding decision will			
	D D M M Y Y Y	£			
	D D M M Y Y Y	£			
	D D M M Y Y Y	£			
	D D M M Y Y Y	£			
10 What do you want to achieve as a result of the funding?					
We may ask successful applicants to complete a feedback form within a y	ear of the grant being av	varded			
11 Further information					
Please list and forward to us, any relevant additional information telling us	about vour organisation	which vou feel may be			
helpful, together with a copy of your signed financial report and accounts.	,	, <b>,</b>			
Where did you hear about Richardson Brothers Foundation?					

Che	ecklist	
	nelp speed the processing of your application for a donation, here is a checklist for your convenience. Remem wing information	per to include the
Befo us.	ore returning the application form, tick off the relevant items to ensure that all the required information is enclo	sed and return to
Inco	omplete applications will not be considered	Tick
Appl	lication form	
•	Please ensure all parts of the application form are completed	
•	Ensure the application form is signed by a representative of your organisation	
•	Check your email address	
Encl	losures	Tick
•	Please provide us with a copy of your most recent <b>signed</b> audited accounts	
Plea	ase remember, the above information will help with the processing of your application for donation.	
We a	are unable to consider applications if support was provided in the last twelve months.	
	ortunately, we are unable to support every application we receive and the Trustees decision is final. Vet we are unable to give feedback on individual applications	le
	ould you require any help in the completion of this form or need clarification please do not hesitate in tacting us on 0121 423 3335.	
<u> </u>		
	natories	
repre	require all applications to be signed by a representative of the organisation. The signatory must be resentative of senior management.	a trustee or a
Sign	nature	
	ame	
	osition State of Simulature Company of Simul	
Da	ate of Signature DDMMYYYY	