



OXFORD & ST. GEORGES JEWISH YOUTH TRUST

PLEASE RETURN BY EMAIL TO:

applications.manager@oxfordandstgeorges.com

GRANT APPLICATION FORM

TITLE OF ORGANISATION

Address

Tel. No: Fax No

E.Mail Address

Charity Registration Number

Registered Name of Charity
(If different from above)

DETAILS OF CORRESPONDENT

Name of Correspondent:

Address

Tel.No Mobile

E.Mail Address

Position/Status

DETAILS OF ORGANISATION

Honorary Officers:

Chairperson	<input type="text"/>	Tel./ EMail:	<input type="text"/>
Secretary:	<input type="text"/>	Tel./ Email:	<input type="text"/>
Treasurer:	<input type="text"/>	Tel./ Email:	<input type="text"/>

MEMBERSHIP

Age Groups or Bands	Numbers
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Premises/Meeting Place

FINANCIAL DETAILS (Balance Sheet should be attached)

General Funds/Income or Expenditure Accounts:

Please specify year end:

INCOME:

Please state total income for the last year

and the previous year to that:

EXPENDITURE:

Please state total expenditure for the last year

and the previous year to that:

SUMMARY OF PURPOSE OF GRANT

Date of Event (if appropriate)

Number of participants in this project

Ratio male / female

Amount of contribution from each participant

Please give details of the grant sought

Estimated cost of project?

Amount requested from the O.St.G. Jewish Youth Trust

What other sources of funding have been tried for this purpose, and with what results?
What has been promised or received?

Any other comments or information you may wish to give to support this application should be included herewith, including the aims of your association/organisation. You should also include any information on how your project shows consideration for the environment as a whole. Please also include the date when, if the application was successful, the grant should be paid.

Signature Date

PRINT NAME

THIS FORM MUST BE RETURNED WITH:

- a) The last audited accounts, if available.
- b) The costs of any project which should be supported by written estimates

IT IS IMPORTANT TO NOTE THAT THE TRUSTEES MAKE THIS GRANT OFFER IN GOOD FAITH AND WITH THE INTENTION OF IT BEING PAID IN FULL. HOWEVER, THEY ALSO RESERVE THE ABSOLUTE RIGHT TO WITHDRAW, SUSPEND, REVISE OR CHANGE PAYMENT OF THE GRANT AT THEIR SOLE DISCRETION AND, IN PARTICULAR AS MAY BE NECESSITATED BY ANY CHANGE TO THE FINANCIAL POSITION OF THE TRUST. IN THE EVENT OF SUCH OCCURRENCE HOWSOEVER CAUSED OR IMPLEMENTED, NEITHER THE TRUST NOR THE TRUSTEES WILL BE LIABLE TO THE GRANT HOLDER (OR ANY OTHER THIRD PARTY THEREOF) IN RESPECT OF ANY PAST PRESENT OR FUTURE CONSEQUENCE, LOSS, COSTS OR DAMAGE (WHETHER DIRECT, INDIRECT OR LEGAL OR OTHERWISE IN NATURE) CAUSED OR GIVEN RISE TO BY SUCH WITHDRAWAL, SUSPENSION, REVISION AND/OR CHANGE.

PLEASE NOTE THAT THIS APPLICATION WILL ONLY BE ACCEPTED IF SIGNED AND RETURNED BY EMAIL WITH ALL THE INFORMATION REQUESTED