APPLICATION FORM FOR A GRANT/DONATION
FROM HAYDON WICK PARISH COUNCIL
APPLICATION DEADLINES: 31 MAY; 30 SEPTEMBER & 31 JANUARY ANNUALLY

Name of Organisation	Prospect Hospice
Charity Registration Number (if known)	280093
Contact Name and address	Moormead Road Wroughton Swindon SN4 9BY
Telephone No	01793 815847
Email address	
Position held in Organisation	Trust Fundraiser

Amount requested	£2,000
How much will the whole project cost?	
Are you applying to other grant making bodies	Yes
If Yes who have you applied to	We maintain a rolling programme of applying to local and national grant-making organisations.
Reason for application (please continue on another sheet if necessary)	We are applying to the Parish Council for a grant to support the delivery of our Hospice at Home day and night sitting service to patients and their families in Haydon Wick – please see attached proposal for further information.

Bank details (should an award be made) **or** A cheque can be raised if preferred	Sort code: Account number: Account name: **or** Cheque payable to:

Declaration:

I confirm that, to the best of my knowledge and belief, all the information in this application is true and correct.

Your Name	
Your Signature	
Date	31st January 2024

Checklist:

☐ Read the Guidelines

☐ Ensure all questions are answered

☐ Have you enclosed the most recent certified accounts if you are applying for a sum in excess of £500. Applications over £500 should also submit a project and business plan

☐ Make a copy of this form for your reference

☐ Enclose a copy of your Constitution if you are a registered charity

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For office use only:

Grant agreed?	Yes/No	
If yes, at which meeting	Date	Minute No
Sum agreed	£	
Date payment made or cheque sent		
Cheque Number		