## JESUS HOSPITAL CHARITY

Registered Charity No. 1075889

## **APPLICATION FOR A GRANT**

For Organisations

## **TO QUALIFY FOR A GRANT**

It is a requirement that beneficiaries are based within the area of benefit (prior to 1st April 1965) Urban Districts of Barnet - Chipping Barnet (High Barnet & New Barnet) also East Barnet and Friern Barnet.

We support not-for-profit organisations which carry out charitable activities in accordance with the eligibility of the above. If the organisation is based outside the area of benefit, it may still be considered if it can demonstrate the grant will be advantageous to those residing within these areas.

Please answer all questions and send the application to:

Jesus Hospital Charity

Ravenscroft Lodge,

37 Union Street,

Barnet, EN5 4HY.

1. Full name of organisation requesting grant:	
2. Address (including full postcode):	
3. Full name of person making application:	
Mr/Mrs/Ms/Miss (other)	
Position Held	
Tel:Mob:	
Email:	

4. Provide:		
a) The purpose of the organisation/charity:		
b) Breakdown of the main sources of income received by your organisation:		
F. Places analogs the following:		
5. Please enclose the following:		
<ul> <li>Audited Accounts for the most recent financial year:</li> <li>Budget for the forthcoming year</li> </ul>		
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<ul> <li>Audited Accounts for the most recent financial year:</li> <li>Budget for the forthcoming year</li> </ul> 6. Please provide a summary of the following for the most recent financial year: <ul> <li>Income</li> </ul>		
<ul> <li>Audited Accounts for the most recent financial year:</li> <li>Budget for the forthcoming year</li> </ul> 6. Please provide a summary of the following for the most recent financial year: <ul> <li>Income</li> <li>Expenditure</li> </ul>		
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8. Total cost of item/project for which grant is required £		
9. How much of the total cost are you requesting from us £		
10. Please provide a full breakdown of above cost/s:		
11. How is this to be financed (to include contributions from other		
organisations, individuals, fund-raising etc?)		
12. Please give details of other applications made for finance, including		
those pending and when you expect to hear the outcome.		

Please note that the Jesus Hospital Charity may need to contact one or more of the above to discuss your application.

	nisation/charity applied to Jesus Hospital Charity for when and what was the outcome?
14. How did your o	ganisation hear about Jesus Hospital Charity?
PLEASE ENSURE YO TO CONFIRM "NOT A	J HAVE ANSWERED EVERY SECTION- EVEN IF IT IS PPLICABLE"
Signed	Date
Full Name (Please Pr	nt)
Position Held	

**NOTE:** The Trustees of the Charity may require full evidence of the financial resources of the organisation and of other calls on those resources, to show that there is financial need for a grant. A visit to your organisation may also be undertaken.

## **DATA PROTECTION ACT 1998**

The Jesus Hospital Charity in Chipping Barnet complies with the Data Protection Act 1998 and will only use any of your personal data for its own administration and management purposes.