**John James Charitable Trust - Organisation Application Form**

Please answer all questions. There is space at the end of the form for additional comments.

If possible, please fill in the form on your computer, save it and then email a copy to [info@johnjamestrust.org](mailto:info@johnjamestrust.org). If that is not possible please print the form, fill it in and send it to:

John James Trust  
6 Mina Road  
London  
SW19 3AU

We advise you to keep a copy of the completed form for your own records.

If you require further help, please contact us via email at [info@johnjamestrust.org](mailto:info@johnjamestrust.org)

**About You**

|  |  |
| --- | --- |
| Where did you hear about us? |  |

**Your Details**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |

**Your Contact Details**

|  |  |  |
| --- | --- | --- |
| Address (with postcode) |  | required |
| Email |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |

**About Your Organisation**

|  |  |  |
| --- | --- | --- |
| Organisation Name |  | required |
| Organisation Address (with postcode) |  | required |
| Telephone (day) |  | required |
| Website |  |  |

**About Your Project: What you would like us to fund**

In less than 200 words, please give us a brief description of your needs and/or plans that require funding. Please describe what you want to do, where and how.

|  |  |  |
| --- | --- | --- |
| Project Description (we may use this for publicity purposes) |  | required |

Please let us know…

|  |  |  |
| --- | --- | --- |
| Your start date |  | required |
| Your end date |  | required |
| Your location |  | required |

**What difference are you hoping to make by doing this project?**

|  |  |  |
| --- | --- | --- |
| Describe what you hope to achieve. |  | required |

**What obstacles or difficulties do you anticipate?**

|  |  |  |
| --- | --- | --- |
| Describe any challenges or issues that may impact you and your plans? |  | required |

**What is your motivation for doing this work?**

|  |  |  |
| --- | --- | --- |
| Why do you want to spend your time doing this as opposed to something else? |  | required |

**How do you monitor and evaluate your work?**

|  |  |  |
| --- | --- | --- |
| Please let us know how you track your progress – financial, management and results |  | required |

**Your Organisation’s Director or Chief Executive**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First Name |  | required |
| Surname |  | required |
| Job Title |  | required |
| Length of Service |  | required |

**Your Organisation’s Legal Structure**

|  |  |  |
| --- | --- | --- |
| When did you start up? |  | required |
| Legal Structure (eg. Unincorporated association, trust, company limited etc) |  | required |
| Charity Registration Number (if applicable) |  |  |
| Company Registration Number (if applicable) |  |  |

**Your Organisation’s Policies and Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| Please tell us which of the following policies and procedures your organisation has: | | | |
|  | Equal opportunities |  | Recruitment and selection |
|  | Volunteering |  | Grievance and disciplinary |
|  | Financial |  | Health and safety |
|  | Complaints |  | Child/vulnerable adults protection |
|  | Public and employers liability insurance |  | CRB checks or staff and volunteers |

**Your Organisation’s Finances**

|  |
| --- |
| **Please send us the following,:**   1. A copy of your most recent audited accounts and annual report. If you don’t have audited accounts please provide us with your last set of annual accounts or income and expenditure details signed and dated by the Chair or Treasurer of your organisation. 2. A current cash-flow statement. 3. A cash-flow forecast listing income and expenditure (projected and actual received). |

**Please provide a percentage breakdown of your current financial support under the following headings:**

|  |  |  |  |
| --- | --- | --- | --- |
| Individual funders |  | **%** | required |
| Christian Organisations |  | **%** | required |
| Secular Organisations |  | **%** | required |

|  |  |  |
| --- | --- | --- |
| What are your current financial concerns, if any? |  | required |
| How are you going to fund your future work? |  | required |
| Please describe the aims of your organisation (what difference you want to make to the people you want to support) |  | required |
| Please illustrate results that witness your work (your track record, what actually happens, results that have emerged) |  | required |

**About Your Requested Grant**

**How much funding do you require in total?**

|  |  |  |
| --- | --- | --- |
| Total Project Cost |  | required |
| Total Needed |  | required |
| Total Obtained so far |  | required |
| Total Project Length |  | required |

**Total obtained details**

**If you put an amount under ‘total obtained so far’, please say from who and how much**

|  |  |  |
| --- | --- | --- |
| Who and How much? |  | required |

**What you will spend the grant on?**

|  |  |  |
| --- | --- | --- |
| List your anticipated costs and how you calculated them. Alternatively, include a copy of your budget as a separate file and note its inclusion here. |  | required |

Do you want to continue with this project after the grant ends?

 Yes  No

|  |  |
| --- | --- |
| If yes, please outline how you will sustain the project after the grant ends: |  |

**Referees**

**Please provide details of two people who know you spiritually, one being someone in a leadership role within your home church.**

**Referee One**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |
| How they know you / your organisation? |  | required |
| Address (including postcode) |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |
| Email |  |  |

**Referee Two**

|  |  |  |
| --- | --- | --- |
| Title |  | required |
| First name |  | required |
| Surname |  | required |
| How they know you / your organisation? |  | required |
| Address (including postcode) |  | required |
| Telephone (day) |  | required |
| Mobile |  |  |
| Email |  |  |

**Space for Additional Comments**

|  |  |
| --- | --- |
| Please put here anything else you would like to tell us, any questions or comments. |  |

**Legal Section**

**Declaration**

We agree to abide by the terms and conditions of the grant as they are set out in this application form and in the accompanying Guidance Notes, and understand that any offer of a grant will be subject to our proposed work remaining within grant criteria. We agree to participate in monitoring, auditing and evaluation related to this fund.

**The Data Protection Act 1998**

The information supplied on this form will be retained by the John James Charitable Trust on a database and will be used to compile statistics on grants given. Details of successful applications will be made available on our website. The information may also be used for the John James Charitable Trust to contact you by letter, telephone or e-mail with details of future funding and other information which may be of interest to you e.g. training courses and newsletters from relevant organisations.

Please tick the ‘**I Agree**’ box below to confirm your acceptance of these conditions.

|  |  |
| --- | --- |
| I Agree |  |

|  |  |
| --- | --- |
| Date |  |