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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Allander Youth Activities Charitable Trust** | | | | | | | | | | |
|  | **(founded by Alec J Spalding MBE in 2005)** | | | | | | | | | |
| **Scottish Charity Number - SC 036882** | | | | | | | | | | |
| **2024 - Grant Application Form** | | | | | | | | | | |
| **1. Name of body making the application** (e.g. 24th Glasgow Scouts) | | | | | | | | |  | |
|  | ................................................................................................................................................ | | | | | | | | | |
|  | Scottish Charity Number (if applicable) SC ………………………………………….. | | | | | | | | | |
|  |  | | | | | | | | | |
|  | Has this body received funding from the Trust before? | | | |  | | **Yes / No** | | |  |
|  |  | | | | | | | | | |
|  | If YES please state:- | Year........................ | | Amount of grant | | | | £.................... | | |
|  |  | | | | | | | | | |
|  | Reference number of grant if known | | ………../……….. | | |  | | | | |
|  |  | |  | | |  | | | | |

**24**/\_\_\_\_

|  |  |
| --- | --- |
| **2. Purpose of application** (including details of travel and accommodation if appropriate) | |
|  | .................................................................................................................................................... |
|  | .................................................................................................................................................... |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **3. How many young people will benefit from this financial assistance?** | | | | | | | |
|  | Age range 4 to 8 | |  |  | Age range 10½ to 14 |  | Total \_\_\_\_\_\_ |
|  | Age range 8 to 10½ | |  |  | Age range 14 to 17 |  |  |
|  | |  | | | | | |
|  | | *Note:- grants are only available in respect of those under 18* | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Detail of costs involved** | | |  |  |  |  |  |
|  | Total costs split between main components e.g., food, accommodation, travel, activities & equipment | | | | | | |
|  | .................................................................................................................................................... | | | | | | |
|  | .................................................................................................................................................... | | | | | | |
|  | .................................................................................................................................................... | | | | | | |
|  | .................................................................................................................................................... | | | | | | |
|  | .................................................................................................................................................... | | | | | | |
|  | Will any part of these costs be met from elsewhere? | | | | **Yes / No** | | |
|  |  | | | | | | |
|  | If YES please state amount | | | | £.................................. | | |
|  | and source(s) | .................................................................................................................... | | | | | |
|  |  | | | | | | |

|  |  |
| --- | --- |
| **5. How much are you applying for?** | **Amount £...........................** |

|  |  |
| --- | --- |
| **6. Outline timetable for expenditure and when funding would be required** |  |
| Date activity is due to take place \_\_\_\_\_\_/\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ | |
| Date funding required (***See - Applying for a Grant* *2024***) \_\_\_\_\_\_/\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ | |
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| **2024 Grant Application Form (continued)** | | | | |
| **7. Details of person making the application** | | | | |
|  | Name............................................................................................................................... | | | |
|  | Address........................................................................................................................... | | | |
|  | ........................................................................................................................................ | | | |
|  | .................................................................................... | | Post Code.......................... | |
|  | Telephone ........................................................................................ | | | |
|  | E-mail ........................................................................................ | | | |
|  | Position in Applicant Body ........................................................................................ | | | |
|  | *I confirm, the activities for which funding has been requested will be carried out under the supervision of suitably qualified persons and that insurance cover is in place where appropriate. I acknowledge how information provided on this form may be used as detailed in the note Applying for a Grant (2024)* | | | |
|  | Signature | ….......................................................... | | Date….......................... |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Supporting signature** | | | |
|  |  | | |
|  | Name | .................................................................................... | |
|  | Position | .................................................................................... | |
|  | E-mail | .................................................... | Telephone ..................................... |
|  | *I confirm, the activities for which funding has been requested will be carried out under the supervision of suitably qualified persons and that insurance cover is in place where appropriate. I acknowledge how information provided on this form may be used as detailed in the note Applying for a Grant (2024)* | | |
|  | Signature | .…….……........................................... | Date .............................. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **9. Applicant’s Bank details** | | | | | |
|  | Bank Name…............................................... | Sort Code | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | - |  |  | - |  |  | |
|  | Bank Address…............................................ | | | | |
|  | ….................................................................. | Account Name | | **…....................................................** | |
|  | ….................................................................. | | | | |
|  | ….................................................................. | Account Number | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | |
|  | ***A copy Pay-in-Slip must be attached for the above account to enable us to set up your details with our Bank. (****Not required if you applied in the last two years unless the details have changed.****)*** | | | | |
|  | | | | | |

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| --- |
| **For Trust use only** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Received |  | Bank details checked | |  |  |
| Acknowledged |  | Reconfirm application | | Yes /No |  |
| Logged |  | Set up payment | |  |  |
| Considered |  | Second approval | |  |  |
| Applicant advised |  | Payment notice sent | |  |  |
| Pay in slip required | Yes/No | Paid | |  |  |
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