

Application Form

Organisation Name:					
Contact Name:					
Correspondent Address:					
Telephone Numbers: Day			Night		
Email:					
Charity Number (if none please state)					
Bank Account Title:					
Accounts Enclosed:	Yes			No	
Previous Application Enclosed:	Yes	No	Date (s)	Amounts	
How did you become aware of The Hemby Trust?					
Please state clearly the purpose f disadvantaged people in Merseys					



Application Form Part 2

How much will it cost? List principal capital items if appli	cable:
What sum has been raised so far?	
What is the shortfall?	Amount being requested:
For those working with children or Please confirm or otherwise with a	r young people, written child protection policy must be in place. date it was last reviewed:
Please list all other funders to who	om you have applied for this project and the outcome of your application:
How do you propose to evaluate th	ne work for which you are applying for funding?
Please use this applicati	ion form, it helps us greatly in the assessment of your appeal.

NOTES TO APPLICANT

You are welcome to provide other supporting information either in an accompanying letter or separate sheets. Please include a detailed breakdown of the costs of the project and also a copy of your latest audited accounts.

Mr T W Evans

The Hemby Trust, c/o Rathbones Investment Management Ltd. Port of Liverpool Building, Pier Head, Liverpool, L3 1NW

Registered Charity Number 1073028

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