**Hays Travel Foundation grant application form**

 **Organisation**

|  |  |
| --- | --- |
| **Name of the organisation applying** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Website** |  |

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| --- |
| **Charitable Status (tick)** |
|  | **Registered charity ( please give charity number)** |
|  | **Charity awaiting registration from the charity commission** |
| **Legal Structure (tick)** |
|  | **Unincorporated association** |
|  | **Limited Company ( please give number)** |
|  | **Community Interest Company ( please give number)** |
|  | **Other ( please detail)** |

**Contact Details**

|  |  |
| --- | --- |
| **Title (Mr/Ms/Mrs/Dr etc.)** |  |
| **Name** |  |
| **Position/job title** |  |
| **Daytime telephone no.** |  |
| **Second contact no** |  |
| **E mail address** |  |

**Organisation Profile**

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| **What is your organisation trying to achieve overall?** |
| **What does your organisation do to make this happen?** |
| **What resources does your organisation have?** |

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| **Who governs and manages your organisation?** |
| **What does your organisation do to check whether it is achieving its aims?** |
| **For what purpose do you require this grant?****When is the funding required and for what period of time?** |
| **What do you hope to be the results from the funding you are requesting?** |
| **How will you demonstrate that the grant would benefit young people in the areas where Hays Travel operate?** |
| **How will you track progress on achievement of the grant?** |

**Budget**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Activity Item** | **Total required for your proposal £** | **Amount requested from** **Hays Travel Foundation** |
| **Direct running costs**The cost of people and activities specific to this proposal |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Direct support costs**The costs of management, administration and other support specific to this proposal |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Overhead costs**  |  |  |
| **TOTAL** | £ | £ |

Please list any other funders you are approaching and whether support is confirmed in each case.

|  |  |  |
| --- | --- | --- |
| **Funder Name** | **Amount requested £** | **Confirmed?** |
|  |  |  |
|  |  |  |
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**Referees**

Please give the contact details of two people who can provide independent references about your organisations work and/or the value and viability of this proposal

|  |  |
| --- | --- |
| **Title (Mr/Mrs/Ms/Dr etc.)**  | **Title (Mr/Mrs/Ms/Dr etc.)**  |
| **Name** | **Name** |
| **Position/job title** | **Position/job title** |
| **Organisation** | **Organisation** |
| **Telephone No** | **Telephone No** |
| **E mail address** | **E mail address** |

Declaration

* I am authorised to make the application on behalf of the organisation.
* I confirm that all the information supplied in this application is correct
* If any information related to this application changes, I will inform the Hays Foundation.
* I give my permission for the Hays Foundation to record the details of my organisation and application electronically.

**Signed**

**Date**