

ANA Grant Application - Individual Applicant

Name : _____

Applicant's address : _____

Phone number : _____ Mobile number : _____

Email address : _____

Proposed project / use of funds ?

(Please attach budget, quotes or other evidence of costs, as required.

As an option, you may also attach a cover letter with further details, and/or letters of support, if desired.)

Bank account details : (or supply top of bank statement showing account holder's name, address and bank account details , with amounts blocked out) :

Is there any sensitive information in this application which should be with-held from the public?

Note: If we require further information, we will contact you.

ANA Grant Conditions:

- Grant money is to be spent only on project / purpose approved by the ANA, otherwise the money must be repaid in full to the ANA.
- Conflict of Interest : Undisclosed links between the Applicant and ANA members could result in a request for a full refund of the Grant, which the recipient is obliged to comply with.
- The ANA may discuss the Applicant's information with other entities or funders.
- The ANA may publicise the grant given to the Applicant.
- Written proof of expenditure of the grant for its intended purpose must be supplied to the ANA within 3 months of the grant being given. eg. Receipts etc

Applicant Declaration:

I _____ hereby accept the above Grant Conditions and verify that the information contained in this application is true and accurate.

I have read the ANA Privacy Policy (at Addington.org) and accept the use of and storage of personal information described therein.

Signed by Applicant _____

Optional:

Witnessed by _____

Status of witness (eg. JP, lawyer, church minister , school principal) _____

Contact details of witness _____

ANA Grants Application Form - Group Applicant

Name of Organisation / Group : _____

Registered Incorporated Society number / Charity number : _____

Organisation's mailing address : _____

Organisation's phone number / mobile number : _____

Organisation's email address : _____

Purpose of organisation : _____

Number of members : _____

Number of paid staff : _____ and of volunteers : _____

Affiliation to regional or national body ? _____

Contact person's name : _____

Position held : _____

Contact person's mailing address : _____

Contact person's phone number / mobile number : _____

Contact person's email address : _____

Project explanation - Please attach on separate page(s)

(incl. purpose, who will benefit and how they will benefit;

If an event, incl. expected location, date, time , entry charge , number of attendees)

Is there any sensitive information in this application which should be with-held from the public ?

Please supply a copy of your most recent full accounts and a pre-printed deposit slip / bank statement with account details on it

Note: We will contact you if we require any further information.

ANA Grant Conditions:

- Grant money is to be spent only on project / purpose approved by the ANA, otherwise the money must be repaid to the ANA in full.
- Conflict of Interest : Undisclosed links between the Applicant and ANA members could result in a request for refund of the Grant, which the recipient is obliged to comply with.
- The ANA may discuss the Applicant's information with other entities or funders.
- The Applicant must acknowledge the ANA grant in its publicity.
- The ANA may publicise the grant given to the Applicant.
- Written proof of expenditure of the grant for its intended purpose must be supplied to the ANA within 3 months of the grant being given. Eg receipts etc.

Applicant Declaration:

We , _____

and _____

on behalf of (organisation) _____ hereby accept the

above Grant Conditions and verify that the information contained in this application is true and accurate.

We have read the ANA Privacy Policy (at Addington.org) and accept the use of and storage of personal information described therein.

Signed by Applicant 1 _____

Position of signatory _____

Signed by Applicant 2 _____

Position of signatory _____

Optional :

Witnessed by _____

Status of witness (eg. JP, lawyer, church minister) _____

Contact details of witness _____

