

# The John James Orr Memorial Trust Grant Application Form

Registered charity in England and Wales no. 1151772

- \* Please read the section relating to "Our Constitution" to ensure that the organisation is eligible and the activities for which a grant is being sought match the categories supported by the Trust.
  - \* Please ensure that an appropriate trustee or official of the organisation signs the form.
  - \* Please ensure all parts of this form are completed.
- If any assistance is required please contact Anthony Orr 07814735158.

## GENERAL INFORMATION

<b>Name of Applicant Organisation</b>	.....
<b>Type of Organisation</b> (e.g. Charitable Trust, Sports Club, etc...)	.....
<b>Organisations Physical Address</b>	.....
<b>Mailing Address (If Different)</b>	.....
<b>Contact Person</b>	.....
<b>Position in Organisation</b>	.....
<b>Contact Person's Address</b>	.....
<b>Contact Numbers x2 inc mobile</b>	..... / .....
<b>Email Address</b>	.....

## ABOUT THE APPLICATION

Briefly describe the aims, objectives and activities of the organisation.

.....  
.....  
.....

Does your organisation have a formal constitution?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

In which year did the organisation start up?

.....  
.....

Any other information you feel would be relevant in the application process?

.....  
.....  
.....

What is the donation amount requested to be used for and when?

.....  
.....  
.....

Has a request been made previously to  
The John James Orr Memorial Trust?

YES   
NO

answer next question  
ignore next question

If application has been made previously what was the outcome. (ie dates, amounts, etc...)

.....  
.....  
.....

Total amount requested from The John James Orr Memorial Trust. (Words and Figures)

.....  
.....  
..... £ .....

To whom should cheques be made payable to if the application is successful?

.....  
.....

## DECLARATION

When the application form has been completed, an authorised Trustee or Official of the applicant organisation must sign the declaration below. All applications must be returned to :-

Anthony Orr  
Chairman  
The John James Orr Memorial Trust  
Primrose Cottage  
Newton Arlosh - Wigton  
Cumbria - CA7 5ET

I (Print Name) ..... am an authorised representative of  
(Name of Organisation) .....

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To the best of my knowledge, the information provided in this application is true and correct.

If The John James Orr Memorial Trust agrees to make a grant, this will be used for the purposes described in this application.

Evidence of quotes, invoices and receipts must be provided with this application for consideration to ensure grant request is relevant to our constitution.

Signed .....

Date .....