The Gallaher Trust

Application Form for a Gallaher Trust Award

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| Project Name  (What is the name of the project you are applying for?) |  |

**YOUR ORGANISATION**

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| --- | --- |
| Organisation Name: |  |
| Contact Name: |  |
| Job Title / Position: |  |
| Registered Address: | | |
| First Line Address: |  |
| Second Line Address: |  |
| Town/City: |  |
| County: |  |
| Postcode: |  |
| Telephone/Mobile Number: |  |
| Email: |  |
| Website: |  |

**THE GALLAHER TRUST**

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| --- | --- |
| How did you hear about The Gallaher Trust? | |
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| Please confirm that you have read the Trust’s Application Guidelines to ensure that your organisation and your project is within the scope of The Gallaher Trust? | YES / NO |
| Is your organisation either a charity or does it operate on a not-for-profit basis? | YES / NO |
| Does your project aim to provide either job creation, skills development or support for disadvantaged adults AND benefit adults living within the Ballymena area? | YES / NO |
| If you have answered NO to any of the above questions, your project may not be eligible for a Gallaher Trust Award. | |

**YOUR GOVERNANCE**

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| --- | --- | --- |
| Registered Charity? | YES / NO | Charity / HMRC Number: |
| If not registered what is the status of your application to the Charity Commission for NI? | Expressed Interest?  [please attach proof] | On the Deemed List and awaiting being called forward? |
| If not applying to Charity Commission for NI? Please describe why not. |  | |

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| --- | --- | --- | --- | --- | --- |
| Not for Profit organisation? | YES / NO | Registered Company Number. |  | Year Organisation Established. |  |

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| --- | --- |
| Please give a brief description of your organisation’s aims and objectives: (max. 200 words) | |
|  | |
| Please set out the names of your Charity Trustees or Governing Committee Members: | |
|  | |
| Are you part of a larger organisation? If so, please explain. | |
|  | |
| How many members / employees does your organisation have? |  |

**YOUR PROJECT**

|  |  |
| --- | --- |
| Which Project Category are you applying for? (Please choose one category only) | |
| Job Creation and / or Skills Development  (individual project value normally not less than £50,000 per annum) |  |
| Support for Disadvantaged Adults  (individual project value around £10,000 - £20,000 per annum) |  |

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| --- |
| PROJECT NAME: What is the name of the project you are applying for? |
|  |
| PROJECT SUMMARY: Please provide a brief summary of the project you are applying for. Why is the project needed? What will the project do? Where will the project take place? (max 200 words) |
|  |
| PROJECT FIT: Describe how does your project fit with the objectives of The Gallaher Trust? (max 100 words) |
|  |
| PROJECT MANAGEMENT: Who will manage the project? How will you deliver the project? What will be the main activities? Are there any other organisations involved in the delivery of this project? (max 200 words) |
|  |

**YOUR PROJECT (continued)**

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| --- |
| PROJECT TIMELINES: Please confirm your project start date and proposed timelines. |
|  |
| PROJECT IMPACT: What is the proposed impact of the project and what will success look like? Who and how many adults will benefit? Please confirm that your project will benefit adults living in the Ballymena area. What are the project’s Key Performance Indicators (KPIs)? How and how often will you monitor and measure your impact? (max. 300 words) |
|  |

**YOUR BUDGET**

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| --- | --- |
| PROJECT COST: What is the overall cost of the project and what are the key areas of expenditure?  (Capital and Revenue) | |
|  | |
| OTHER SOURCES: Have you requested funding from other sources? | |
| Source AND Amount (£) | Applied for / Secured? |
|  |  |
| APPLICATION AMOUNT: How much are you asking The Gallaher Trust for and what will it be spent on? | |
|  | |

**YOUR FINANCES**

|  |  |  |
| --- | --- | --- |
| Please summarise your latest annual income and expenses | | |
|  | FROM *(e.g. 01 Apr 23)* | TO: (*e.g. 31 Mar 2024)* |
| FINANCIAL PERIOD |  |  |
| TOTAL INCOME |  | |
| EXPENDITURE |  | |
| SURPLUS/DEFICIT |  | |
| FREE / UNRESTRICTED RESERVES |  | |
| Explanation of Surplus/Deficit/Reserves: This is an opportunity to provide further explanation on your current financial position. | | |
|  | | |
| Please attach your latest accounts and annual report. | | |
| Please state any other relevant supporting documentation you have supplied. | | |
|  | | |

**YOUR CONFIRMATION**

I confirm that the information provided on this application is correct to the best of my knowledge.

By making an application for a Gallaher Trust Award, I agree to use any Award granted for the purpose requested and to fully observe the conditions of the Award which will be detailed within a legal agreement.

I accept that the decision of the Gallaher Trust regarding this application is final.

|  |  |
| --- | --- |
| SIGNATURE |  |
| POSITION |  |
| DATE |  |

When you have completed your application, please email to [greg@thegallahertrust.org](file:///C:/Users/Greg/Downloads/greg@thegallahertrust.org).

**NEXT STEPS**

Thank you for your application which will now be assessed for eligibility.

You will normally be contacted within two weeks of submitting your application. If successful, you may be invited to present your project to the Gallaher Trustee Board who will make a final decision.