THE SHEPHERD STREET TRUST Charity N° 222922

(Governed by Revised Deed of Trust made on 13th March 1990)

GRANT APPLICATION FORM Guidance for applicants

Before completing this application please read these guidelines carefully.

Purpose of the Trust

The Trust can assist persons under the age of 21 residing within a radius of 50 miles of Preston Town Hall:

- (a) in relieving the need, hardship or distress of such persons;
- (b) in promoting the educational, social and physical training needs of such persons;
- (c) in providing financial assistance, outfits, clothing, tools, instruments, equipment or books to enable such persons on leaving school, or other educational establishment to prepare for, or to enter a profession, trade or calling;
- (d) in providing or assisting in the provision for such persons of facilities for recreation or other leisure time occupation in the interests of social welfare with the object of improving the conditions of life for such persons;
- (e) in making grants or donations to charitable institutions or organisations having for their object the benefit of such persons;
- (f) in providing financial assistance to enable such persons to receive specialist medical attention both in the United Kingdom and abroad;
- (g) providing financial assistance for the children's ward at Royal Preston Hospital.

The Trustees are not authorised to apply income of the Charity directly in relief of rates, taxes or other public funds but may apply income as supplementary relief or assistance provided out of public funds.

Policy

Grants made by Trustees will be directed towards implementing the purposes of the Trust. It will not be the practice to make grants simply to augment income or subsidise deficits.

Applications made by individuals must be accompanied by supporting references from responsible referees (such as schools, colleges, social services, Vicar, Priest, Minister or such authority as the Trustees may accept).

Applications submitted for grants of £500 and over will be considered by the Trustees at meetings held every two months, unless deemed to be urgent by the Trustees. Applications submitted for grants of under £500 will be considered by the Trustees within 4 weeks of receipt. Each request for a grant must be made on an official application form.

The Trustees may at their discretion insist on a full reporting back procedure to ensure that grants have been expended in accordance with the application. The Trustees will in all cases require receipts for the funding.

PLEASE RETURN THIS FORM WITH A STAMPED SELF-ADDRESSED ENVELOPE TO THE SHEPHERD STREET TRUST, P O BOX 658, LONGRIDGE, PRESTON PR3 2WJ

Lawful, fair and transparent processing: -To ensure its processing of data is lawful, fair and transparent, the Charity shall maintain a Register of Systems. The Register of Systems will be reviewed annually. Individuals have the right to access their personal data and any such requests made to the charity shall be dealt with in a timely manner. Individuals also have the right to ask that any personal data held by the Trust is destroyed.

THE SHEPHERD STREET TRUST – INDIVIDUAL GRANT APPLICATION FORM

Please type or print clearly. Complete ALL sections.

1 Your Name Mr/Mrs/Ms/Dr (delete as appropriate)	Address	
	Postcode	
Your Organisation/Group (if any)	Telephone Number	
Position in Organisation/Group (if any)	Daytime	
	Evening	
	Email	
Is the application for a person or organisation within a 50 mile radius of Preston? YES/NO		
How did you learn about the Trust?		
Have you previously had a grant from the Trust? YES/NO		
2 Name of Individual to be Helped	Address of Individual	
Date of Birth of Individual		
	Postcode	

	of the trusts obje						
)	(b)	(c)	(d)	(e)	(f)	(g)	
	enditure	of the projec	et or purchase?	£			
How I	much are you see	eking from th	ne Trust?	£			
	s finance required	i by	•••••				
Dates							
	the project depe	nd on the ful	ll grant sought	from the Trust?		YES/NO	
Does	the project depe			from the Trust?		YES/NO	
Does How			dy raised?	from the Trust?		YES/NO	
How From	much money ha	ve you alrea	dy raised? Amo			YES/NO	
How From	much money hawhat sources?	ve you alrea	dy raised? Amo 	unt £		YES/NO	
How From	much money har what sources?	ve you alread	dy raised? Amo 	unt £		YES/NO	
How From	much money have what sources?	ve you alread	dy raised? Amo 	unt £		YES/NO	
How I	much money have what sources?	ve you alread	dy raised? Amo	unt £	trusts, subscrip	YES/NO	
How I (e.g. G Is ar	much money have what sources? much money do Government or Longything promised	ve you alread	dy raised? Amo raise from oth	unt £	trusts, subscrip		
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How I (e.g. C Is ar From	much money have what sources? much money do Government or Lo nything promised what sources?	you hope to ocal Authorit	dy raised? Amo raise from oth	unt £ ier sources? g events, other t	trusts, subscrip		

3 Describe as simply as possible what you want to do; how and where will the grant be

Please attach quotes/price lists for the items requested (what you would like the Trustees to consider funding) If this information is not provided it may affect the success of the		
application.		
If the application is for medical attention, please supply medical history and doctors' report.		
Please supply a detailed list of costs/items for purchase	£ Cost	
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If you are successful, to whom should the cheque be paid?		
	:1	
This CANNOT be a personal cheque.		

MUST BE COMPLETED

Financial Information Sheet

Application by/for an individual

Please print or type clearly. Complete ALL sections. If supporting documents are not provided the application may not be successful.

 Total Weekly or Annual Income – a copy of a P60 for the lates employment 			
a copy of <u>all</u> pages of a tax (credits award or unive	ersal credit	
a copy of a child benefit let			
a copy of <u>all</u> pages of a letter amount of benefits receive	er from the Jobcentre	to include a break	down of the type and
	Applicant (£)	Mother (£)	Father (£)
	•••••		• • • • • • • • • • • • • • • • • • • •
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Any other sources of income, e.g. Please attach copies of evidence	. savings, income fron	n property etc., at c	date of application.
·	Applicant	<u>Mother</u>	<u>Father</u>
•••••	***************************************	***************************************	•••••
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Essential monthly outgoings Ple including mortgages, rent electric	•		
	<u>Applicant</u>	<u>Mother</u>	<u>Father</u>
	(g		••••••
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The Trustees will normally base their decision on the financial information given above. If supporting documentation is not supplied the application may not be successful.

Check List

All boxes have been completed as fully as possible
A suitable payee has been provided
Copies of quotes, price lists or similar have been provided for the requested item(s)
Copies of all finance documents have been provided
Supporting letters have been included where appropriate
A stamped addressed envelope has been included

Declaration

I have read the Guidelines for Grants of the Shepherd Street Trust and confirm that the
information given is correct to the best of my knowledge. I have enclosed all the relevant
documentation. I accept that the decision of the Trustees of the Charity is final.

Signed	Dated
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